WHITE HOUSE CONFERENCE

1930

WHITE HOUSE CONFERENCE
ON CHILD HEALTH AND
PROTECTION

called by

PRESIDENT HOOVER

AMERICAN FOUNDATION
FOR THE BLIND INC.

C. 1

WHITE HOUSE CONFERENCE

1930

Digitized by the Internet Archive
in 2012 with funding from
Lyrasis Members and Sloan Foundation

http://www.archive.org/details/whitehouseconfe00whit

WHITE HOUSE CONFERENCE 1930

ADDRESSES AND ABSTRACTS
OF COMMITTEE REPORTS

WHITE HOUSE CONFERENCE
ON CHILD HEALTH AND
PROTECTION

called by

PRESIDENT HOOVER

THE CENTURY CO.
NEW YORK

COPYRIGHT, 1931, BY THE CENTURY CO.
ALL RIGHTS RESERVED, INCLUDING THE
RIGHT TO REPRODUCE THIS BOOK, OR
PORTIONS THEREOF, IN ANY FORM. 321

HV1575
W
copy 1

PRINTED IN U. S. A.

FOREWORD

The White House Conference on Child Health and Protection, called by President Hoover, assembled in Washington, November 19-22, 1930, with 3,000 men and women, leaders in the medical, educational, and social fields as they touch the life of the child, in attendance.

The call for the Conference went out in July, 1929, as one of the early acts of President Hoover, who announced that it was: "To study the present status of the health and well-being of the children of the United States and its possessions; to report what is being done; to recommend what ought to be done and how to do it."

The Conference was called twenty years after the first White House Conference on children and ten years after the second.

The first conference, called by President Roosevelt, was concerned with the dependent child. Two hundred delegates assembled in Washington. It resulted in fifteen definite recommendations, among which were: that children should not be removed from their own homes by reasons of poverty; that the causes of dependency should be studied and, so far as possible, ameliorated or removed; that for children who must be removed from their own homes, foster homes in families are, as a rule, desirable; that in-

stitutions for children should preferably be on the cottage plan; that child-caring agencies should be incorporated, with state approval, and the state should inspect their work; and that a Federal Children's Bureau should be created "to investigate and report upon all matters pertaining to the welfare of children."

It was due to the stimulus of this conference that in 1912 the Children's Bureau of the Department of Labor was organized.

The second White House Conference was called in 1919 at the request of President Wilson, as the closing activity of Children's Year, under the auspices of the Children's Bureau. There were two hundred delegates at this second conference, the attendance purposely being limited because of post-war housing conditions which prevailed in Washington. The conference was followed by eight important regional conferences.

The radius of the second conference was enlarged to include, under five sections: Economic and social basis for child welfare standards; child labor; health of children and mothers; children in need of special care; and standardization of child welfare laws.

The results of both of these earlier conferences have been broad and far-reaching, and their recommendations are still influencing social and legislative protection of children.

This third Conference included the subjects in the two former conferences, but the range was enlarged to take in not only the dependent child or the child in special need of protection, but all children, in their

total aspects, including those social and environmental factors which are influencing modern childhood.

To find facts, to define standards, to recommend changes were the aims of the Conference.

There are 45,000,000 growing children in this country. They represent more different racial strains than make up the body of any other nation. They have widely differing backgrounds. To get a composite picture of this complex American child, to find out how he rates physically, mentally, morally, what our rapidly changing civilization is doing to make or mar him, to determine where our social, educational, and governmental machinery is at fault in training him to his utmost capacities, and where it may be strengthened, was a challenging task.

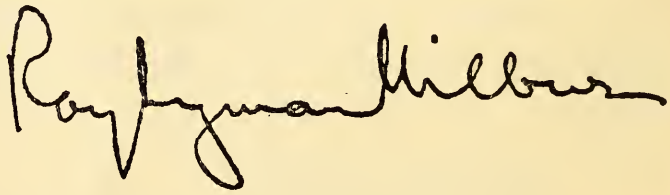
As a preliminary to the Conference sixteen months were devoted to preparatory study, research, and assembling of facts on the part of 1,200 experts working on nearly 150 different committees, assembled under seventeen main committees, divided into four sections:

Medical Service
Public Health and Administration
Education and Training
The Handicapped

These experts in the various fields of child life gave a service, largely voluntary, the results of which are immeasurable. It represents a conscientious effort on the part of a people to weigh their progress in terms of that most sensitive index—their children.

When the findings brought together in the various reports are widely disseminated through the published proceedings, through interpretive books and magazine articles, and have been acted upon by official and non-official groups in local communities all over the country, we should be more familiar with the problems of childhood and far better equipped to deal with them than ever before.

The results of this Conference should be long-continuing, as have been those of the two earlier conferences, molding public opinion and social action, reaching out until they touch and better the life of every child in the country. This preliminary volume presents the addresses delivered at the Conference and a digest of the summary reports of the seventeen main committees composing the four different sections. More complete volumes will appear as rapidly as they can be assembled and published.



CONTENTS

PAGE

Foreword . . . . . *Ray Lyman Wilbur, M.D.* v

ADDRESSES

Invocation . . . . . *Rev. A. J. McCartney, D.D.* 3

Opening Address . . . . . *President Hoover* 5

A Survey and a Challenge . . . *Ray Lyman Wilbur, M.D.* 15

The National Economy of Child Health and Protection *James J. Davis* 27

An Adventure in Adult Education *Martha Van Rensselaer, D. of Ped.* 35

Benediction . . . . . *Rev. Edmund A. Walsh, S.J.* 41

Closing Pledge . . . . . *Grace Abbott* 43

The Children's Charter 45

ABSTRACTS OF COMMITTEE REPORTS

SECTION I—MEDICAL SERVICE

Committee A—Growth and Development *Kenneth D. Blackfan, M.D.* 51

Committee B—Prenatal and Maternal Care *Fred L. Adair, M.D.* 67

Committee C—Medical Care for Children *Philip Van Ingen, M.D.* 93

SECTION II—PUBLIC HEALTH SERVICE AND ADMINISTRATION

PAGE

Committee A—Public Health Organization (*See note*) . . 113

Committee B—Communicable Disease Control
George H. Bigelow, M.D. 115

Committee C—Milk Production and Control
H. A. Whittaker 127

SECTION III—EDUCATION AND TRAINING

Committee A—The Family and Parent Education
Louise Stanley, Ph.D. 133

Committee B—The Infant and Preschool Child
John E. Anderson, Ph.D. 153

Committee C—The School Child . *Thomas D. Wood, M.D.* 167

Committee D—Vocational Guidance and Child Labor
Anne S. Davis 191

Committee E—Recreation and Physical Education
Henry Breckinridge, LL.D. 215

Committee F—Special Classes . . *Charles Scott Berry, Ph.D.* 231

Committee G—Youth Outside of Home and School
James E. West 247

SECTION IV—THE HANDICAPPED: PREVENTION; MAINTENANCE; PROTECTION

Committee A—State and Local Organizations for the Handicapped . . . . . *Kate Burr Johnson* 275

Committee B—Physically and Mentally Handicapped
William J. Ellis, LL.D. 291

Committee C-1—Socially Handicapped—Dependency and Neglect . . . . . *Homer Folks* 319

Committee C-2—Socially Handicapped—Delinquency
Judge Frederick P. Cabot 341

Committees and Committee Chairmen 357

PRESIDENT'S PLANNING COMMITTEE

Ray Lyman Wilbur, M.D., Secretary of the Interior . . *Chairman*
James J. Davis, Former Secretary of Labor . . . . *Vice-Chairman*
H. E. Barnard, Ph.D. . . . . *Director*
Martha Van Rensselaer, D. of Ped. . . . . *Assistant Director*
Edgar Rickard . . . . . *Treasurer*

Grace Abbott
Henry Breckinridge, LL.D.
Mrs. Louis H. Burlingham
Bailey B. Burritt
Frederick P. Cabot
Frank Cody
James Couzens
S. J. Crumbine, M.D.
Hugh S. Cumming, M.D.
Lee K. Frankel, Ph.D.
William Green
Samuel McC. Hamill, M.D.
William F. King, M.D.
Gertrude B. Lane
Julia Lathrop
Mrs. William Brown Meloney
Mrs. Bina West Miller
Mrs. Elizabeth A. Perkins
Mrs. Raymond Robins
Mrs. F. Louis Slade
William F. Snow, M.D.
Louise Stanley, Ph.D.
French Strother

EXECUTIVE COMMITTEE OF THE PLANNING COMMITTEE

Ray Lyman Wilbur, M.D., Secretary of the Interior . . . *Chairman*
H. E. Barnard, Ph.D. . . . . *Director*
Grace Abbott . . . . . *Secretary*

C. C. Carstens, Ph.D.
Hugh S. Cumming, M.D.
Samuel McC. Hamill, M.D.
F. J. Kelly, Ph.D.
French Strother

CENTRAL ADMINISTRATIVE OFFICE

H. E. Barnard, Ph.D. . . . . *Director*
Martha Van Rensselaer, D. of Ped. . . . . *Assistant Director*
Mrs. Inez G. Richardson . . . . . *Administrative Assistant*
Katherine Glover . . . . . *Editor*
Winifred Moses . . . . . *Associate Editor*

DIVISION OF PUBLIC INFORMATION

Mrs. Aida deAcosta Breckinridge . . . . . *Assistant Director*
French Strother . . . . . *General Consultant*
George Barr Baker . . . . . *General Consultant*

CONFERENCE ADDRESSES

Invocation

REVEREND A. J. McCARTNEY, D.D.

CHURCH OF THE COVENANT, WASHINGTON, D. C.

GOD of our children, in whose behalf we are assembled together, we invoke Thy divine favor upon the household of this nation. We thank Thee that Thou didst reveal Thyself in the home and in the life of a little child, and in this confidence we bring ourselves and our children to the altar of Thy love.

We bless Thee for the sentiments that stir us to this worthy concern for the happiness and welfare of the uprising generation—forgive the sins of maturity that we continually commit against the innocence and helplessness of childhood. Teach us how vain it is to build up strong bodies and reasonable minds and to neglect their spiritual natures.

May the message of this conference be seasoned with wisdom, tempered with justice, and winged with earnestness—to the end that we may lift the level of human happiness throughout the nation.

Bless all little children everywhere, give them health of body, purity of mind and joy in work and play—bless their friend, the President of the United States. May he ever be had in Thy safe and holy keeping—all this we ask in the name of That Great Friend of children Who said, "Of such is the kingdom of Heaven."

ADDRESS
OF
PRESIDENT HOOVER

SOMETHING more than a year ago I called together a small group of representative men and women to take the initial steps in organization of this Conference on Child Health and Protection. Under the able chairmanship of Secretary Wilbur, and the executive direction of Doctor Barnard, organization was perfected and enlarged until by the fall of last year something over 1,200 of our fellow citizens were enlisted from every field of those who have given a lifetime of devotion to public measures for care of childhood. These skilful and devoted friends of children have given unsparingly and unselfishly of their time and thought in research and collection of the knowledge and experience in the problems involved. Their task has been magnificently performed, and today they will place before you such a wealth of material as was never before brought together.

I am satisfied that the three days of your Conference here will result in producing to our country from this material a series of conclusions and judgments of unprecedented service in behalf of childhood, the benefits of which will be felt for a full generation.

I wish to express my profound appreciation to all those who have so generously contributed the time and thought and labor to this preparation, and to you for giving your time to its consideration. The reward that accrues to you is the consciousness of something done unselfishly to lighten the burdens of children, to set their feet upon surer paths

to health and well-being and happiness. For many years I have hoped for such a national consideration as this. You comprise the delegates appointed by our federal departments and by the governors of our states, the mayors of our cities, and the representatives of our great national associations, our medical and public health professions. In your hands rest the knowledge and authority outside of the home itself.

In addressing you whom I see before me here in this auditorium, I am mindful also of the unseen millions listening in their homes, who likewise are truly members of this Conference, for these problems are theirs—it is their children whose welfare is involved, its helpful services are for them, and their cooperation is essential in carrying out a united and nation-wide effort in behalf of the children.

We approach all problems of childhood with affection. Theirs is the province of joy and good humor. They are the most wholesome part of the race, the sweetest, for they are fresher from the hands of God. Whimsical, ingenious, mischievous, we live a life of apprehension as to what their opinion may be of us; a life of defense against their terrifying energy; we put them to bed with a sense of relief and a lingering of devotion. We envy them the freshness of adventure and discovery of life; we mourn over the disappointments they will meet.

The fundamental purpose of this Conference is to set forth an understanding of those safeguards which will assure to them health in mind and body. There are safeguards and services to childhood which can be provided by the community, the State, or the Nation—all of which are beyond the reach of the individual parent. We approach these problems in no spirit of diminishing the responsibilities and values or invading the sanctities of those primary safeguards to child life—their homes and their mothers. After we have determined every scientific fact, after we have erected every public safeguard, after we have constructed every edifice for education or training or hospitalization or play, yet all these

things are but a tithe of the physical, moral, and spiritual gifts which motherhood gives and home confers. None of these things carries that affection, that devotion of soul, which is the great endowment from mothers. Our purpose here today is to consider and give our mite of help to strengthen her hand that her boy and girl may have a fair chance.

Our country has a vast majority of competent mothers. I am not so sure of the majority of competent fathers. But what we are concerned with here are things that are beyond her power. That is what Susie and John take on when out from under her watchful eye. She cannot count the bacteria in the milk; she cannot detect the typhoid which comes through the faucet, or the mumps that pass round the playground. She cannot individually control the instruction of our schools or the setting up of community-wide remedy for the deficient and handicapped child. But she can insist upon officials who hold up standards of protection and service to her children—and one of your jobs is to define these standards and tell her what they are. She can be trusted to put public officials to the acid test of the infant mortality and service to children in the town—when you set some standard for her to go by.

These questions of child health and protection are a complicated problem requiring much learning and much action. And we need have great concern over this matter. Let no one believe that these are questions which should not stir a nation; that they are below the dignity of statesmen or governments. If we could have but one generation of properly born, trained, educated, and healthy children, a thousand other problems of government would vanish. We would assure ourselves of healthier minds in more vigorous bodies, to direct the energies of our Nation to yet greater heights of achievement. Moreover, one good community nurse will save a dozen future policemen.

Our problem falls into three groups: first, the protection

and stimulation of the normal child; second, aid to the physically defective and handicapped child; third, the problems of the delinquent child.

Statistics can well be used to give emphasis to our problem. One of your committees reports that out of 45,000,000 children—

35,000,000 are reasonably normal
6,000,000 are improperly nourished
1,000,000 have defective speech
1,000,000 have weak or damaged hearts
675,000 present behavior problems
450,000 are mentally retarded
382,000 are tubercular
342,000 have impaired hearing *
18,000 are totally deaf
300,000 are crippled
50,000 are partially blind
14,000 are wholly blind
200,000 are delinquent
500,000 are dependent

And so on, to a total of at least ten millions of deficients, more than 80 per cent of whom are not receiving the necessary attention, though our knowledge and experience show that these deficiencies can be prevented and remedied to a high degree. The reports you have before you are not only replete with information upon each of these groups, they are also vivid with recommendation for remedy. And if we do not perform our duty to the children, we leave them dependent, or we provide from them the major recruiting ground for the army of ne'er-do-wells and criminals.

But that we be not discouraged let us bear in mind that there are 35,000,000 reasonably normal, cheerful human electrons radiating joy and mischief and hope and faith.

* This figure in President Hoover's speech, due to later findings of the Committee, was increased to 3,000,000.

Their faces are turned toward the light—theirs is the life of great adventure. These are the vivid, romping, everyday children, our own and our neighbors' with all their strongly marked differences—and the more differences the better. The more they charge us with their separate problems the more we know they are vitally and humanly alive.

From what we know of foreign countries, I am convinced that we have a right to assume that we have a larger proportion of happy, normal children than any other country in the world. And also, on the bright side, your reports show that we have 1,500,000 specially gifted children. There lies the future leadership of the Nation if we devote ourselves to their guidance.

In the field of deficient and handicapped children, advancing knowledge and care can transfer them more and more to the happy lot of normal children. And these children, less fortunate as they are, have a passion for their full rights which appeals to the heart of every man and woman. We must get to the cause of their handicaps from the beginnings of their lives. We must extend the functions of our schools and institutions to help them as they grow. We must enlarge the services of medical inspection and clinics, expand the ministrations of the family doctor in their behalf, and very greatly increase the hospital facilities for them. We must not leave one of them uncared for.

There are also the complex problems of the delinquent child. We need to turn the methods of inquiry from the punishment of delinquency to the causes of delinquency. It is not the delinquent child that is at the bar of judgment, but society itself.

Again, there are the problems of the orphaned children. Fortunately we are making progress in this field in some of the states through the preservation for them of the home by support of their mothers or by placing them in homes and thus reducing the institutional services.

There are vast problems of education in relation to physi-

cal and mental health. With so many of the early responsibilities of the home drained away by the rapid changes in our modern life, perhaps one of the most important problems we shall need to meet in the next few years is how to return to our children, through our schools and extra-scholastic channels, that training for parenthood which once was the natural teaching of the home. With the advance of science and advancement of knowledge we have learned a thousand things that the individual, both parent and child, must know in his own self-protection. And at once the relation of our educational system to the problem envisages itself, and it goes further. The ill-nourished child is in our country not the product of poverty; it is largely the product of ill-instructed children and ignorant parents. Our children all differ in character, in capacity, in inclination. If we would give them their full chance they must have that service in education which develops their special qualities. They must have vocational guidance.

Again, there are the problems of child labor. Industry must not rob our children of their rightful heritage. Any labor which stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of joy and play, is sapping the next generation.

In the last half a century we have herded 50,000,000 more human beings into towns and cities where the whole setting is new to the race. We have created highly congested areas with a thousand changes resulting in the swift transition from a rural and agrarian people to an urban, industrial nation. Perhaps the widest range of difficulties with which we are dealing in the betterment of children grows out of this crowding into cities. Problems of sanitation and public health loom in every direction. Delinquency increases with congestion. Overcrowding produces disease and contagion. The child's natural play place is taken from him. His mind is stunted by the lack of imaginative surroundings and lack of contact with the fields, streams, trees, and birds. Home

life becomes more difficult. Cheerless homes produce morbid minds. Our growth of town life unendingly imposes such problems as milk and food supplies, for we have shifted these children from a diet of ten thousand years' standing.

Nor is our problem one solely of the city child. We have grave responsibilities to the rural child. Adequate expert service should be as available to him from maternity to maturity. Since science discovered the cause of communicable diseases protection from these diseases for the child of the farm is as much an obligation to them as to the child of the city. The child of the country is handicapped by lack of some cultural influences extended by the city. We must find ways and means of extending these influences to the children of rural districts. On the other hand, some of the natural advantages of the country child must somehow be given back to the city child—more space in which to play, contact with nature and natural processes. Of these the thoughtless city cheats its children. Architectural wizardry and artistic skill are transforming our cities into wonderlands of beauty, but we must also preserve in them for our children the yet more beautiful art of living.

Even aside from congestion, the drastic changes in the modern home greatly affect the child. Contacts of parents and children are much reduced. Once the sole training school of the child, the home now shares with the public school, the great children's clubs and organizations, and a hundred other agencies the responsibility for him, both in health and discipline, from birth to maturity. Upon these outside influences does his development now very largely depend.

The problems of the child are not always the problems of the child alone. In the vision of the whole of our social fabric, we have loosened new ambitions, new energies; we have produced a complexity of life for which there is no precedent. With machines ever enlarging man's power and capacity, with electricity extending over the world its magic, with the air giving us a wholly new realm, our children must

be prepared to meet entirely new contacts and new forces. They must be physically strong and mentally placed to stand up under the increasing pressure of life. Their problem is not alone one of physical health, but of mental, emotional, spiritual health.

These are a part of the problems that I charge you to answer. This task that you have come here to perform has never been done before. These problems are not easily answered, they reach the very root of our national life. We need to meet them squarely and to accuse ourselves as frankly as possible, to see all the implications that trail in their wake, and to place the blame where it lies and set resolutely to attack it. From your explorations into the mental and moral endowment and opportunities of children will develop new methods to inspire their creative work and play, to substitute love and self-discipline for the rigors of rule, to guide their recreations into wholesome channels, to steer them past the reefs of temptation, to develop their characters, and to bring them to adult age in tune with life, strong in moral fiber, and prepared to play more happily their part in the productive tasks of human society.

There has not been before the summation of knowledge and experience, such as lies before this Conference. There has been no period when it could be undertaken with so much experience and background. The Nation looks to you to derive from it positive, definite, guiding judgments. But greater than the facts and the judgments, more fundamental than all, we need the vision and inspired understanding to interpret these facts and put them into practice. I know that this group has the vision and the understanding, and you are the picked representatives of the people who are thus endowed. It will rest with you to light the fires of that inspiration in the general public conscience, and from conscience lead it into action.

The many activities which you are assembled here to represent touch a thousand points in the lives of children.

The interest which they obtain in the minds and hearts of our country is a turning to the original impulses which inspired the foundation of our Nation, the impulse to secure freedom and betterment of each coming generation. The passion of American fathers and mothers is to lift children to higher opportunities than they have themselves enjoyed. It burns like a flame in us as a people. Kindled in our country by its first pioneers, who came here to better the opportunities for their children rather than themselves, passed on from one generation to the next, it has never dimmed nor died. Indeed human progress marches only when children excel their parents. In democracy our progress is the sum of progress of the individuals—that they each individually achieve to the full capacity of their abilities and character. Their varied personalities and abilities must be brought fully to bloom; they must not be mentally regimented to a single mold or the qualities of many will be stifled; the door of opportunity must be opened to each of them.

May you who are meeting here find in your deliberations new fuel with which to light this flame of progress so that this occasion may be marked with a fresh luster that will set us anew on the road through the crowding complexities of modern life.

A SURVEY AND A CHALLENGE

ADDRESS BY RAY LYMAN WILBUR, M.D.,
SECRETARY OF THE INTERIOR;
CHAIRMAN, WHITE HOUSE CONFERENCE
ON CHILD HEALTH AND PROTECTION

WE have met in this White House Conference on Child Health and Protection in the hope that we could bring up the general level of child care to the point reached by the outposts of science and weighed social experience. We have had before us the reports of numerous committees representing the various fields of interest. These have been prepared in the finest spirit of service by experienced and expert volunteers who have felt keenly their responsibility to the children and to the Nation.

We all have a common aim, which is to prepare the American child physically, mentally, and morally more fully to meet the responsibility of tomorrow than we have been able to meet that of today. We want to see our children developed into adult citizens with wholesome bodies and prepared minds, both under the control of the developed will operating in the atmosphere of what we call character.

We are conscious in the work of the Conference and in our observations that the emotional element in mankind must be harnessed by the intellect, or individual and mass decisions will be too variable for either individual happiness or mass safety. We want our future men and women to be self-starters operating under their own personal control, not people who follow the herd or develop an emotional storm when confronted by difficulties.

The development of seven pounds of cells and fluids, en-

cased in the helpless frame of a baby, into a Mozart, a Newton, or a Lincoln, is the one great marvel of human experience. But to each mother the development of her baby into a good, useful citizen is the one absorbing and vital experience of life. That development is taking place constantly about us in millions of homes and in tens of millions of individuals. Our studies have shown us that there are perils on every hand for human beings from the very first inception of life. We stand in awe as we watch this current of human life stream by us. Life is our only real possession. It is because of this that its preservation is constantly before us.

Within the past few decades there has been a growing consciousness of the significance of childhood. In so far as organized forces were concerned, aside from those of the church, such responsibility as was assumed for children outside of the home was in the beginning largely based on what we call charity. We have seen what was once charity change its nature under the broader term welfare and now those activities looked upon as welfare are coming to be viewed merely as good community housekeeping. In a word, parental responsibility is moving outward to include community responsibility. Every child is now *our* child. We have injected so many artificial conditions into our industrial civilization that the old normal relationships of mother and child, child and family, family and neighborhood, have been changed. There is now a much less direct struggle with nature and her immediate forces than has ever been the situation before in our country. We have softened this struggle for man by all forms of protection—better houses, better clothing, more and better food supplies, and by preventive medicine and better medicine and sanitation in general. All of this has called for a delegation of functions, once performed by the individual in the home, to all sorts of outside dependencies.

The increased skills which we have acquired due to the applications of science and discovery have given us exuberant results in agriculture and industry. These with

the vast resources of an attractive continent have led to a marked increase in our population. As our mechanism has become more intricate the need for education and training of all of our units, and also that of the special training of the expert for the different fields of activity, becomes more and more evident. If we compare the mother of the past who nursed her own child to the one who now must rely on prepared foods, we find that between the mother and the child we have a whole series of persons and forces upon which the safety of the child depends—the inspectors of dairy herds, the inspectors of milk, the promptness of delivery systems, refrigeration, medical advice as to the mixing of formulæ, the chlorination of water, the preparation of sugars and grains, etc. Each one of these new factors must operate well and must be in the hands of those who know the reasons for what they do. The indicators of failure to do any part of this task well are the little headstones in the cemetery.

Beyond babyhood we have substituted another whole series of organized services between the mother and her child and have replaced much of the home training of the child with these activities. We have brought in kindergartens, playgrounds, and schools under government or private auspices, where the time of the child is spent and where proper training is essential. We face the absolute necessity of making good in all of this through expert service. It is probably true that it is beyond the capacity of the individual parent to train her child to fit into the intricate, interwoven, and interdependent social and economic system we have developed. Since we as an organized people have definitely taken on the responsibility, we can only make good in it by the use of those specially trained men and women requisite for the work and we must have them always in touch with the very best that experts can discover.

The parent *plus* the community must be stronger than either the parent *or* the community alone. Sympathetic mu-

tual understanding of the division between them of the responsibility for the child must be the order of the day. We have come a long way from the days when boys in our country were "bound out" to neighbors for apprenticeship. We have deliberately prolonged the period of training of a large proportion of our citizens. We have compelled all elements of our population to attend our schools. We throw each year an increasingly heavy burden upon these schools. Our problems and the future of our country are in the schoolrooms of America today. In them are the future Presidents of our country, as well as the racketeers. Every one of the elements of our future population is to be found there right now—the gamblers, the insane, the criminals, the prostitutes, as well as the business men and women, the lawyers, the physicians, the statesmen, the ministers, the laborers of the future, and more significant than all, the mothers and the fathers of the days ahead.

We can now say that we have the problem surrounded. It is there in our schoolrooms. It is within the joint responsibility of the home and the community, operating in immediate contact with the child. How are we to meet the pressing difficulties before us in dealing with this great mass of forty-odd million children, sixteen million of whom are under the age of six? They are wholly ours to protect and fortify, because they are not yet old enough to have developed satisfactory resistance to disease, nor any degree of self-dependence.

I was deeply impressed as a small boy by a picture called "The Slaughter of the Innocents." You may have seen the picture. It was of the time of Herod. It seemed to me to be beyond conception that anybody would want to kill a baby. Yet, in our neglect and other failures our committees have shown us that we are still slaughtering the innocents and sometimes their mothers, when it could have been avoided. Our committees have pointed out to us the difficulties that millions of our children have in the development of bodies,

of character, in the atmosphere of the cities as they have been permitted to grow up. Our industrial centers are just beginning to become aware that the little children of today will operate them in the future, and that our eyes must be raised from those balance sheets that we look at annually to measure our successes to see the child and his needs as the real objective of a permanent social order. Our rural areas, in spite of their open spaces, show too high a degree of juvenile misbehavior and those sad transitional blocks where the old city is dying and the new one growing give us clearly the effect of environment upon growing youth.

At the present time the declining birth-rate gives us the prospect of a practically stationary number of children entering our schools. There is less immigration than at any other previous period, we are more familiar than ever with the stocks making up our population. A national program can be viewed with more facts in hand than ever before.

In general, I think that we will agree that we must assist children in their own development, not "bring them up" as has been so often done in the past. We are, I think, convinced, too, that children should not be used as test-tubes for opinionated programs, with no worked-out basis of science or of fact, and that those who have developed methods without scientific preparation are often of the greatest harm in the handling of our childhood. I think we are all more or less suspicious of those whose hearts impel them to "do good" to children when their minds are untrained or guided by fixed fantasies of the crank type.

Just as we have wisely applied the findings of science in other fields, so must we apply them for the benefit of our children. I think we will agree that the health of our children is worth any price, and that in so far as the community can do so, it should see to the environment of the child so that the water and food will be pure and there will be no unnecessary exposures to the micro-organisms causing disease. Our present knowledge of nutrition is complete enough

and our food supply is sufficient so that ill-nourished children are a community responsibility.

Life is a process that constantly progresses with increasing vigor up to a certain point and then recedes at a diminished rate until we "go over the hill." The most vital and valuable quality in the child is elasticity to meet the new and the unexpected. Early rigidity of the human mind, unconsciously developed at times, leads to most of our mass habits and our mass follies. There is a menace in our marshaled athletics, in our dominated recreations for all ages, in our yelling sections, and our over-evident coaches. There is too much seeking out of special performers, and not enough play of personal initiative and juvenile leadership. Cooperation is requisite. Team play is necessary, but the coercion of the crowd is to be fought against if we are to have safety and reasonable action in periods of strain. We need to fight the crystallizing effect of habit upon all of our methods of dealing with the child and particularly with regard to the school curriculum or with other procedures or methods of handling large groups. The machinery of our training programs of all sorts for children must move at a rate as rapid as does the rest of our civilization.

One reason for this Conference is to bring us to a common understanding as to where we are in our program for children. One of the most striking facts of life is the diversity of human material. More significant still perhaps is the need of the development of that diversity in order to safeguard our civilization. While we more often think of the few outstanding geniuses of the race, we must remember that there are hundreds of thousands of individuals of preeminent ability in our population at all times. Many of these are serving us, but others, for lack of opportunity, or lack of self-control, or training, or because of bad habits, the use of drugs, or other ulterior influences, have been blighted. While we must seek out and open up the way for those of superior capacity, we must discard those artificial

factors which often curtail full development and which are really under our control. For all we must mould the environment about us and do it with all of our children constantly in our minds.

The intelligent control of our human stock offers a fundamental solution of some of our present difficulties and gives promise of a greater future for us as a people.

My sympathy goes out to the child who is facing the years ahead of us. It is not easy to get along with an active, restless mind receiving new impressions every hour. It is not easy to develop sound habits and sound attitudes in the presence of many diverse influences and varied associates. I imagine, too, that the modern parent with his or her ideas regarding vitamins, cod-liver oil, and conduct, is at times an undesirable associate in the view of many of our children. Children, like the sick, respond to what they understand. More time in explanation often leads to less in correction for disobedience. My sympathy, too, goes out to the children whom we classify as handicapped—those who in some way are different from their fellows and yet hope to win out in the game of life. It has been shown that these can be a great social asset to us and that there is much that can be done to make them more effective and happier.

We cannot stop for a moment to argue with those who would dodge the responsibility of care for established human life. It is the supreme gift to us humans and we must preserve it at all times. The wretched frame of a little body may have in it the brain and spirit of a Cæsar, a Cicero, a Keats, a Washington, a Steinmetz, a Shelley, a Stevenson, or a Roosevelt. It is not for us to foretell the potentialities of a baby.

My sympathy goes out even more to those children whose normal motivation, unguided, has brought them into the domain of what we call the court. If there is any field in which the word prevention should outweigh any other one, it is in this field, even though this prevention goes back to the

very basic structure of our physical civilization. We can ill afford to save expense along this line.

This, then, covers in rapid fashion some of the different grooves into which the major problems of this conference fall. Restated they are:

> The problem of how to steady our children against the high-power impact of new forces which have developed in our modern civilization;
>
> How to protect them physically and mentally to the utmost of our abilities;
>
> How to extend and strengthen those community forces which stand to the child in place of many of the earlier responsibilities of home and parents;
>
> To evaluate our school curricula in the light of rapid changes in our social scheme, expanding their functions at those points where the modern home is no longer equipped to train children;
>
> At the other end of the line to find ways and means to strengthen the hands of parents through education, as rapidly as possible equipping them with new knowledge concerning children;
>
> To discover the machinery by which the benefits of preventive medicine and sanitation, of social agencies, can be extended to all children—in the country as well as the city—which too often now are enjoyed by the privileged few;
>
> And in the midst of our crowding eagerness to help lift our children to higher levels, to guard them against our own over-zealous programming—to leave to them sufficiently wide margins of free time and free space for the great and joyous adventure of growing up as personalities operating under their own motive power.

With all this that is now open before us, we have the challenge of the future. We find it not only here in the United States, but also in Porto Rico, where the conditions for children are deplorable, and also in the Philippines.

What are we going to do to take advantage of the great opportunities offered by the findings of this Conference? I realize that this is a zone in which the art as well as the science of government must be considered. We have the

information, we have a large program. How shall it be put into effect? In the first place, it seems to me that we must force the problem back to the spot where the child is. This primarily means, and should mean, the home. Our function should be to help parents, not replace them. The accessories which our civilization has brought for the care, protection, and development of the child, should be accessories to the home and not supplant it. The success of our civilization has come through the relationship of the home to children and consequently to citizenship. In other words, there must be a decentralization into the local field of the great mass of the problems which we have been studying. There must likewise be decentralization of the information which we have gathered so that it will reach every mother and father, every school board, every health officer, and every legislator in the country.

The great need for us to deal with in this Conference is that of getting the gist of our discussions back into action in the lives of children in this country—white and black, yellow and red, rich and poor, and all that lies between. Your deliberations, therefore, have two aspects: to make your facts and findings a true harvest of science and experience, and to develop the means of putting all we have brought together to work for the good of children.

Since a child is growing or developing all of the time, not just when he is at home or in the schoolroom, we must think in terms of playmates, radios, moving pictures, gangs, books and magazines, both good and bad, and all that the child sees in his environment, as it is a part of his training process. We have a foul nest to clean out in our vulgar, degraded marginal magazines, and need to bring drama and comedy back to serve again in the uplift instead of the degradation of our civilization.

We need to keep small hands busy, we need the discipline of accepted regular tasks, we need to permit our youth to receive a reward for their own efforts, but can we not so or-

ganize that these small hands can be kept out of the day-by-day operations of our industry?

By a study of vocational aptitudes and interests from infancy on we should be able to brighten the ordered life of the school child by appropriate opportunities rather than to dull the edge of youth with the "has beens" of the past. You know, it is a terrible thing for a boy who is interested in mechanics to have to struggle along with the names of the wives of Henry the Eighth.

We adults are full of outworn ideas and too inclined to think we are equal to the experts in the fields of education. The superiority of the foreign worker to the American in many branches of industry, among both men and women, lies in the fact that he has been trained from early years in manual skills. Vocational training beginning only a year or two in advance of youth's entry into his life's job is like trying to develop a virtuoso with a correspondence course in music.

America has become great in its social organization because of two coordinated operations. One is that of the volunteer agency, and the other is that of the government agency. In the field of child care for decades a whole series of volunteer agencies, such as the churches and welfare organizations of all sorts, have been operating. When these volunteer agencies have tested out certain procedures and have shown the desirability of giving them a widespread use, they have in the course of decades and generations been adopted by the government itself, so that we now have public schools and teachers, hospitals, health officers, and a growing number of official services directly for the children.

It seems to me that our greatest danger in trying to carry out the results of this Conference would be to have too scattered a program or to centralize it too much. Its safety will lie in its trial in the small units of the counties and the states. We must go back to the local units for effective education or health or welfare work. We want a minimum of na-

tional legislation in this field. No one should get the idea that Uncle Sam is going to rock the baby to sleep. There is, though, much that can be done through wise legislation in the securing of information, in the keeping of this information up to date, and in sending it out to all parts of the country as it is digested and understood. We can, too, provide examples and give stimulation in the early periods of local organization. It seems to me that this Conference offers a challenge to each of us, no matter where he may live or what he may be doing, to see that in his community our findings are understood and acted upon. I think there will come from it an increased range of activities for the schools and in public health. I think, too, that the forces of law will soon learn to use the expert in a dozen fields in attempting to solve the problem of the child that has breached some statutory provision. I count it a major sin of our communities that we permit immature boys and girls to be contaminated in the sordid pool of our confined criminals.

My experience has taught me to forgive almost anything that a growing youth may do, since maturity of viewpoint comes at different periods, with different people, and with maturity there comes to most of us a stability of outlook which can usually be depended upon. There is always hope that every child who is not intellectually blighted can contribute some service to his country. In each conscience and temptation struggle there is the driving impulse towards decency, honesty, and fair play. Even criminals shoot square with their own kind. Providence has given an inner guiding light to all. Let us hope that this light may burn brightly in our children and not be stifled by a murky atmosphere of our own creating. Let us endeavor to see that every child in every part of the country gets that opportunity which is the best for him to grow into participating citizenship. By so doing, this White House Conference will do its share to insure the happiness of those who follow us and the safety of our republic.

THE NATIONAL ECONOMY OF CHILD HEALTH AND PROTECTION

ADDRESS BY THE HON. JAMES J. DAVIS, FORMER SECRETARY OF LABOR

AS Secretary of Labor I am here to express the interest of the Labor Department in the White House Conference on Child Health and Protection. No department is as directly concerned in its activities as the Department of Labor. I add to my official interest in it, the personal interest which had led me to assume responsibility for the welfare of some thousands of children before I became Secretary of Labor.

I have been assigned as my subject the National Economy of Child Health and Protection. I think this is a subject which needs but little discussion before an audience of this sort. What we are assembled here to do is to determine how we can promote the national economy which comes with adequate provision for the health and protection of the children of the United States.

We are agreed that the death of infants, the ill health of children, dependency, neglect, delinquency, and inadequate preparation for the responsibilities of adult life are all costly to the community. It is not necessary to attempt to express that cost in dollars and cents. When we speak of the welfare of children we think in terms of values of which money is not a measure.

I do not need to say to you that conferences such as this one become of importance in the lives of children when recommendations are translated into action. These four hun-

dred or five hundred pages of summaries and recommendations and the volumes which are to follow will be of interest to social historians but will not improve the lot of children unless our work for the children of today is extended and improved.

What we have done in the past should be the promise of greater accomplishments in the future. During the last twenty years private child-caring agencies have grown in number and in the effectiveness of their work. At the same time it has been increasingly evident that if the needs of all children are to be adequately met we must have great expansion and progressive improvement in our public services.

In the twenty years which we are reviewing at this Conference there has been real progress in the organization of the public services. Child Hygiene Divisions have been created in State Departments of Health, Children's Bureaus have been organized in our State Departments of Welfare, and our schools and State Departments of Labor are organizing more effectively the community resources for the training and protection of the young workers. The effectiveness of organization along county lines of both our health and social forces has been demonstrated. We are ready for successful expansion of these resources.

As a result of the combined efforts of the Children's Bureau and of many agencies, both public and private, the infant mortality rate in the United States has been so reduced that it is estimated that more than 122,000 babies survived in 1929 who would have died if the conditions of 1909 had prevailed. The maternal mortality rate in the United States has at last been started downward and there is now a widespread determination to reduce these most tragic of all deaths.

There are other great gains to report. For example, more than 220,000 children are being cared for in their homes by mothers' pensions who would have been separated from their mothers in 1909. But there is another side to this pic-

ture on which we must focus our attention, and that is what remains to be done.

You have before you a volume of some five hundred pages which contains the summaries of the reports of the various committees and sub-committees. My own personal experience has been in Section IV—the Socially Handicapped Child.

There should be no socially handicapped children in the United States, but we would be foolish to ignore the fact that there are not only thousands but millions of American children who suffer from very real handicaps. When I say this I am thinking of the more than 500,000 children who must look to the community for care and maintenance, of the more than 200,000 who were dealt with by our juvenile courts last year, and hundreds of thousands of others who are on the road to dependency and neglect and will finally fill our jails and almshouses.

I am thinking also of the Negro children and the Indian children whose handicaps constitute a continuing challenge to us to translate into reality our democratic principles.

If we could put into practice what is now known about safeguarding the health of children, preventing dependency and delinquency, providing opportunities for wholesome group activities, we could in a single generation profoundly improve the whole character of our national life. The long, unhappy procession of children who enter adult life physically, socially, and mentally handicapped could be made a much shorter one and the efficiency of our citizens be correspondingly increased.

We have seen tremendous changes in the physical aspects of life in the past thirty years. New methods of transportation, of communication, new devices which increase our comfort and promote health have revolutionized our mode of life and resulted in the confusion which sudden change usually brings. As a result, the home has become not less important in the life of the child but more important.

We now have statistical evidence to support the conclusion that any close observer must have reached long ago, that an understanding and affectionate parent, and particularly an understanding and affectionate mother, is the greatest inheritance any child can have—the best insurance of happiness and useful citizenship.

I am glad to find therefore that the Committee on Delinquency and its Prevention has concerned itself not only with the machinery of the juvenile court but with homes and the failures for which the home life or the lack of home life is responsible. This represents an advance over conditions disclosed by the White House Conference of 1909. Then it was generally believed we knew what to do about delinquency and for this reason very little attention was given to it at the first White House Conference.

In 1909 the first juvenile court was ten years old and a pioneering psychiatrist who was then beginning the study of the individual delinquent was expected to solve the problems that remained unsolved. The juvenile court movement is now more than thirty years old, psychiatric and child guidance clinics have multiplied, and we are still seeking the road to the prevention and cure of delinquency.

Although neither juvenile court nor psychiatric clinic has proved a panacea, experts recommend expansion and improvement of both. But we know also that we must look for prevention in the home, the school, and the community. Here we find the conditions that create conflicts, unhappiness, and anti-social attitudes, and these conditions must be removed.

I note that the Committee on the Dependent Child tells us that large numbers of children still suffer unrelieved, in their own homes or are separated from their homes because of poverty; that there are many child-caring agencies without responsible organization, under no inspection, representing the entire community, with inferior, inadequate staffs; that even almshouses condemned a hundred years

ago for the care of children are still used in certain localities for this purpose; and that invalidism, accidents, irregular employment, unemployment, and insufficient wages leave hundreds of thousands of family homes without that adequate income which is essential to the maintenance of a home suitably equipped for the rearing of citizens.

Here are problems fundamental in any program for the health and protection of children. It is a long list of things that must be done. No item is more important to the child or contributes more to our national welfare, than the uninterrupted employment of American fathers at a wage which will provide security and a reasonable standard of living for their families.

No one would say that this is an easy problem to solve, but, with President Hoover, I believe that a way must be found to prevent these cycles of industrial depression and provide adequate wages for American workmen.

Nor are the other recommendations easy to accomplish. We shall need the combined effort and intelligence of all the individuals and agencies represented in this Conference, to give to American children the opportunities that should be theirs.

During the three days that we shall be conferring, there will be frequent mention of the First White House Conference which met in the famous East Room during Mr. Roosevelt's Presidency, and to the Conference on Minimum Standards of Child Welfare which President Wilson asked the Children's Bureau to assemble at the end of the war.

No single recommendation has proved more helpful to children than one made by the First White House Conference, which was at once promptly and enthusiastically approved by President Roosevelt and eventually approved by Congress. I refer to the recommendation that there should be established in the National Government a bureau to consider the interrelated problems of childhood, child health, dependency, neglect, child labor, delinquency, and, as the

statute provides, "the welfare of children and child life among all classes of our people."

With only a small annual appropriation, but with your support and cooperation, the Children's Bureau has been able to assume a position of leadership from the first. In research, in our popular education, in administrative demonstration, in cooperation with state and local agencies, the value of a unified approach to the problems of childhood has been demonstrated. We know from experience that we would make of the Bureau a handicapped child if we subtracted any of its functions or otherwise limited its scope. Instead, we should be removing existing handicaps by assembling in the Children's Bureau the scattered child welfare activities which bureaus charged with other major responsibilities are now attempting to perform.

I believe in removing the handicaps of children and I also believe with Solomon that the child should not be divided and I would put these principles into practice in our federal organization.

I want to make it clear that in my opinion this is a national as well as a state and local problem that we are attacking. If there is any subject endowed with national interest it is the welfare of the Nation's children. The Nation's future existence, the intelligent use of its resources, the rôle it will play in world affairs depend on its children—whether or not they are physically fit and whether or not they are trained in self-control, in respect for the rights of others, and in an understanding of their own rights and obligations.

That the first responsibility must rest with the nearest government—the state, the county, and the municipality—is the reason why the rôle that the Federal Government must play in the promotion of the welfare of children is that of an intelligent and interested cooperator, ready to assist but not to control or hamper.

In this connection I ought perhaps to say something about the function and position of the Department of Labor.

The Children's Bureau was created before there was a Labor Department. When the Department of Labor was created it was given supervision over the Children's Bureau. This was done because it is the great human welfare department of our National Government.

In the administration of the immigration and naturalization laws by the Department, in its studies of the cost of living, of unemployment, of accidents, and many other problems, the Department is dealing with subjects that affect the welfare of the whole country. In all the work of the Department we make sure that the needs of the workers are not forgotten or ignored. So the Children's Bureau which has been given by statute the promotion of the welfare of all children, is meeting this obligation by making sure that the economic and social factors affecting the health and welfare of children are given due weight in the work it initiates.

The Labor Department and labor generally believe in specialists for jobs that require specialists. It does not engage a plumber to assist in lowering our maternal mortality rate nor an electrician to study delinquency. It recognizes and respects the special contribution of these experts to our national life, but it also utilizes the medical and social sciences, the law and the science of public welfare administration, in the fields where their expert assistance is of value.

The Children's Bureau has on its staff specialists in all these fields and we have been especially grateful for the great service which has been rendered by the distinguished pediatricians, obstetricians, lawyers, and social scientists who have served on its advisory committees.

This Conference has been possible because of the collaboration of specialists in all these fields. That specialists disagree is axiomatic but, I am sure, we shall have at this Conference sufficient agreement to advance the cause of children as did the Conference of 1909 and that of 1919.

At any rate I can pledge you on behalf of the Department of Labor and the Children's Bureau that we shall leave

nothing undone that will promote or make more effective our future cooperation with all the agencies assembled in this Conference on the Health and Protection of American children.

AN ADVENTURE IN ADULT EDUCATION

ADDRESS BY MARTHA VAN RENSSELAER, D. OF PED.,
DIRECTOR, COLLEGE OF HOME ECONOMICS,
CORNELL UNIVERSITY, ITHACA, N. Y.

THE Chief of this great Nation said in effect to some of his cabinet: In addition to the great work of conserving our natural resources for which government agencies are well established, there is a far more vital need, namely, the necessity to discover a means of protecting our human resources. We must make a conscious effort to try to insure to our children an inheritance upon which to build a healthier future for the race.

Accordingly, the third White House Conference was organized for child health and protection.

The Planning and Executive Committees appointed to steer the White House Conference selected 1,200 men and women from all fields of professional life who have sought their libraries and their laboratories, have gone into the field of life itself, and by conference and research covering a year and more are ready now to lay their findings at the door of the American people. Not as edicts to be enforced but as recommendations of steps they may take, all the groups in cooperation, to secure the health, protection, and the economic and emotional stability of the people now and in the next generation. This great cooperative effort in human conservation begins where it should begin—with children.

The Conference, with its body of experts, has simply served as a wise composite national parent, whose business it has been—as is the business of a good parent—to look into the matter of conserving the national offspring, and to find out where our conservation needs guiding, how we can best

strengthen our present protective measures and where we must go in the future.

There are those who expected this parent to lay down rigid rules, rules of health and conduct, as parents are given to, about orange-juice and cod-liver oil, and the milk children should drink, the hours they should sleep, and the punishments they should have. But this is not a rule-imposing conference. It has gathered and sorted and occasionally interpreted; it has patiently assembled its facts and findings —of a volume and thoroughness with which no other conference on children ever held in this country can compare— and lays them down at the door of the parent, the teacher, the leader of youth, the lawmakers, the policemen, the custodian of the homeless and the handicapped. These persons are told it is their responsibility to carry on the job—and that job is to make it possible for children to be better born, better fed, better housed, to be assured of richer inheritance of physical and emotional health than the children of our hitherto unguided parenthood.

That is the great task of conservation which the Conference puts up to us. It would be bewildering if the challenge were not backed by the material to draw upon for its successful fulfilling.

There is discovered in the findings of the Conference an appeal of such power and urge to parents, to teachers, and to others guiding the destinies of children that the whole social structure will find itself moving toward new phases of growth and adjustment, if these groups set forth together in common purpose to fulfil the need which the findings of this Conference lays forcibly before us. One of the very significant facts evidenced by the response to the White House Conference is that there is a conscious effort being made by adults to undertake further education of themselves in behalf of youth and to secure materials with which to accomplish the process.

Happily, parents are ready to go back to school. A hunger

to know is abroad in the land. It is gratifying to realize that with this—the growing modern consciousness of need for knowledge and direction in changing conditions surrounding the lives of children—has come help which begins to point the way.

This new humility and eagerness to change on the part of educators and parents is a response on their part to recognition of the fact that both home and school are too often still operating on the basis of a world of the past. It represents an honest desire to find ways in which they may get into the main current of modern civilization where they may work effectively for and with youth.

It is a facing of the fact that the cataclysmic changes which have taken place within the last fifty years, have placed human living on a plane so entirely different from anything familiar in human experience that old courses of action no longer function and must be restudied in the light of the present. That, unless adults learn constantly to shape and reshape themselves in relation to the work they are trying to do in providing opportunities for growth for their children, youth itself will not be prepared to meet the complexities of a modern world which they must share with adults, and adults must share with youth.

Education up to the present has not made very thorough provision for life and its greatest responsibilities in this modern world.

A woman may have completed a college course, may be able to speak two or more languages, and yet she may not know how to bathe her first baby, how to estimate the cost of raising her family. She is more often than not ignorant of how to safeguard her own and her family's health with a safe and sane diet purchased within the income. The gospel of instinct is obsolete. The advice of Aunt Hilda and the neighbors has been proven unsafe. Even physicians sometimes differ among themselves. The psychology learned at school does not work when the baby has a temper tantrum.

In fact temper tantrums as such have come to the fore since the mother left the classroom. They are seen as something special, not to be treated as were the sulks and the tempers of her childhood which in an age of stern discipline were made to yield to the treatment of a spanking, going to bed without supper, or the threat of something bad in the great eternal.

So much has happened, so much has been found out lately, times have changed so swiftly in relationship to old guides and directions, that parents must go back to school and resume the learning which some of them thought forever completed.

It is youth itself which has led them into this vortex because youth has had to plunge unprepared into the swift current of modern life. The elders, clinging to the bank, have often looked on helplessly realizing that the traditions, habits of discipline and obedience, so important in the past, are no longer equipment which youth can use with safety. Fearful for what may happen to youth, often so unprepared for the velocity of the current it meets, adults have at last come to realize that the time has arrived when they too must make the plunge and share in life's adventure with youth, help to guide them, and be guided by them in turn.

We cannot bend youth back to the old order nor restrain the advance of a society so swiftly changing. We must make ourselves a creating part of this onward-moving stream.

To prepare rightly for family and community life implies the development of individuals more fully qualified for marriage, with a better understanding of the problems of parenthood and the fundamentals of economics and their responsibility as consumers, who, in short, see the home in its broadest aspects as the true nucleus of democratic government.

From coast to coast the White House Conference has fired the imagination of our people. This is because it strikes at the fundamentals of living, because it concerns itself with both immediate improvement for adults and children, as

well as with the plans for the coming generation in whom are centered the fondest hopes of parents and the Nation. The citizens' response to the call of the White House Conference would seem to say, "Here we are, bag and baggage, here are our schools, our family problems, and here are our children, tell us what to do."

Scientific research by the White House Conference has laid bare facts and proposed new ways. The next group of specialists must seek a way by which this becomes a part of the program for adult education. It is the greatest adventure ever offered in the world of learning and of advancement. It presents the problems of the whole human race, the child unborn, the child in arms, the child in school not yet ready for earning and home-making, and the great mass of our youth. But, most of all, is it for those whose work is to prepare young people for the responsibilities of home-making, child rearing, and citizenship.

It is to the honor of the White House Conference that American professional life has a common meeting ground on one subject—the child, and when we say the child we do not mean the child in segments, but the whole child. This calls for a pooling of the contributions of our entire educational field. When any one group accepts responsibility to promote the program of health and welfare there is left an abundance for the next group without danger of overlapping or monopoly.

The goal toward which we aim in this White House Conference is not new. It is merely a new way of doing old things. Its foundation is the golden rule. The golden rule may not say: protect children against communicable diseases; take care of mothers in childbirth; secure pure milk and pure water; help humanity to adjust itself rather than increase crime, delinquency, and dependency; take care of the child limping a little in the race with a handicap—but when it says, "love your neighbor as yourself," in modern times, it means these things.

As a conservation movement, there will be need of scrapping old plans and cherished curricula, and new education is expensive. But in the long run it is still more expensive to hold on to poor traditions.

It is hard to convince those who have helped to support and evolve the old that more and larger funds are needed for something which is regarded as fundamental to a changed social order.

The next step after the Conference, is how to turn the accumulated facts from precept into practice. Much of the material gathered will immediately touch the child wherever he is found. The challenge is to find the way to translate the riches brought together in this Conference into such a stimulus to adult education that we shall change the currents of thinking and mold the practices in the homes of the country. That they shall serve as a check to many of the influences bruising our child life—influences brought clearly to the fore in the reports of the Conference committees—of depleted and ill-equipped family life, of the pressure of cities upon children, of the ruthlessness with which commercial interests and the greed for profit prey upon children, of the injustices to our children of the farms.

The great adventure from this point on, is the marching forward, armed with new knowledge and inspiration, of this great army of adults—each an essential part of a shifting whole but each maintaining its relationship to the other and to the whole. The school, the home, the community sharing with each other in behalf of the child and sharing with the child in their own behalf.

If we could at once at the close of this great Conference put into effect all the programs outlined and the hopes expressed here, it might not, in the deepest sense, be good, because the truly great adventure is less in accomplishment than in accomplishing—accomplishing *with* the child.

It is not power over him we would gain but developing power in him—and over himself.

Benediction

REVEREND EDMUND A. WALSH, S.J.

VICE PRESIDENT, GEORGETOWN UNIVERSITY,
WASHINGTON, D. C.

ALMIGHTY and Everlasting Father, from Whom the supreme gift of life derives and unto Whom it must be rendered back for judgment, we thank Thee for all favors at Thy hand. Teach us what Thou alone canst teach us best, how to cherish, guide, and fortify the future citizenry of this beloved land into perfect manhood from generation unto generation. Grant us strength and wisdom humbly to acknowledge the justice of Thy chastisement if we reverence not the intimations of immortality lurking in the eye of childhood. Bless, we beseech Thee, sustain, and prosper all those charged with public or private authority when faithfully they do discharge those high responsibilities of office and parenthood which they share with Thee and under Thee. A blessing which we devoutly pray in the name of Him Whom Thou didst send in human form to reveal the image and the splendor of Thy fatherhood, Jesus Christ, the Savior of the World. Amen.

Closing Pledge

PROPOSED BY MISS GRACE ABBOTT

CHIEF, CHILDREN'S BUREAU,
DEPARTMENT OF LABOR

MAY I suggest, before we adjourn, that instead of moving a perfunctory vote of thanks to the President, we add another duty to the many which the Chairman has borne during the past year; that he take to the President the pledge of all of us that from this day forward we will work harder and more intelligently for the health and protection of children. I ask all those who are willing to take this pledge to rise.

The members of the Conference unanimously endorsed the pledge.

The Children's Charter

AT the closing session of the Conference nineteen points embodying the main recommendations of the committees were presented. These points in final form represented the core of the Conference findings. As the Children's Charter they go on record as the aims toward which the Conference hopes to lead public thought and action for the children of the country.

The Children's Charter

PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE ON CHILD HEALTH AND PROTECTION, RECOGNIZING THE RIGHTS OF THE CHILD AS THE FIRST RIGHTS OF CITIZENSHIP, PLEDGES ITSELF TO THESE AIMS FOR THE CHILDREN OF AMERICA

FOR every child spiritual and moral training to help him to stand firm under the pressure of life

II For every child understanding and the guarding of his personality as his most precious right

III For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home

IV For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make childbearing safer

V For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examinations and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water

VI For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained

VII For every child a dwelling-place safe, sanitary, and wholesome, with reasonable provisions for privacy; free from

conditions which tend to thwart his development; and a home environment harmonious and enriching

VIII For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care

IX For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs

X For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction

XI For every child such teaching and training as will prepare him for successful parenthood, home-making, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood

XII For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met

XIV For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and

the institution when needed, shaped to return him whenever possible to the normal stream of life

XV For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps

XVI For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy

XVII For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities

XVIII To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations

XIX To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, coördinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include:

(*a*) Trained, full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers

(*b*) Available hospital beds

(*c*) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard

FOR EVERY CHILD THESE RIGHTS, REGARDLESS OF RACE, OR COLOR, OR SITUATION, WHEREVER HE MAY LIVE UNDER THE PROTECTION OF THE AMERICAN FLAG

ABSTRACTS
OF
COMMITTEE REPORTS

SECTION I

MEDICAL SERVICE

SAMUEL McC. HAMILL, M.D.,
Chairman

GROWTH AND DEVELOPMENT

SECTION I—COMMITTEE A

KENNETH D. BLACKFAN, M.D., *Chairman*

THE function of the Committee on Growth and Development has been to gather information respecting the growth and development of children from individuals, from the laboratories, and the literature of the world, and to determine what parts of it could be accepted as knowledge and be made available for the solution of the practical problems in this field. In culling out the material to be judged as knowledge, the following criteria were accepted:

> "The facts and data which have been abundantly confirmed by various investigators and which speak for themselves without elaborate interpretations. This knowledge is the most valuable, but unfortunately is by no means as plentiful as could be wished.
>
> "Generally accepted interpretations, logically deduced, of more or less incomplete fundamental observations which are in harmony with the data of the first class and have been successfully applied over a considerable period of time. Nothing has been included as a proven fact or accepted conclusion which is not regarded with a high degree of favor by the consensus of opinion of the best authorities.

"There is a vast amount of material falling outside these criteria—theories, speculations, personal interpretations, and a great body of information of uncertain validity. The care-

ful consideration given to this type of material has been of great importance because it has enabled the committee to cull out occasional theories of sufficient interest and suggestive value to warrant their mention and to indicate their further study. It has also led to earmarking much as unreliable and unworthy of further consideration which had not been authoritatively judged heretofore. It has sounded a warning against the too ready acceptance and application of unverified observations." *

OBJECTIVES

Although the main objective has been to appraise the existing knowledge descriptive of the growth and development of children from conception to maturity, the Committee has undertaken also to point out the obstacles to normal growth and development which may be imposed by disease and socio-economic circumstances; also, to indicate the places where data are lacking, inadequate, or discontinuous; and to suggest fruitful pathways to follow in the approach to fuller knowledge. Likewise, it has endeavored to evaluate the significance of these facts and to view them in a proper perspective from the standpoint of the health and protection of children.

In the discussion and criticism of facts and opinions by which material was formulated, both the laboratory scientist and the practising physician were equally and fully represented. Facts were considered both from the point of view of their strict scientific accuracy and of their significance and importance in practical questions of the care and guidance of children. This union of the laboratory specialist and of his more practical colleague is a valuable achievement, and it is through just such a union of different points of view that in the future the most valuable and significant additions to our knowledge may be found.

* From address of Chairman, Section I—Medical Service, Samuel McC. Hamill, M.D.

WHAT IS MEANT BY GROWTH AND DEVELOPMENT?

The two terms, *growth* and *development*, are used advisedly. By growth we mean increase in size; by development, increase in complexity, such as is seen in the formation of the four-chambered heart of the infant from the simple pulsating tube of the embryo. It is possible in many instances to have considerable development with very little growth in size. This obviously occurs during the first days following the fertilization of the ovum, before implantation has occurred; and almost as clearly in certain cases in which the growth of a child is checked by some pathological condition such as rickets. The size of the individual may remain at a standstill, and yet, judged by other standards, the child has progressed more or less according to the usual expectations for his age. It is in just such instances as these, where growth and development do not take place in their usual association, but where one or the other is retarded, that the distinction between the two is of greatest assistance in giving a clear analysis of the situation.

On the other hand, in the field of mental development it is impossible to make any clear distinction between growth and development. We may say that the mind grows, but we can just as well say that the mind develops. In practice the terms are used quite interchangeably. The situation here is different from that in which we have something that can be measured with a yardstick or weighed on the scales. The mind is expressed only in terms of its activities. Increasing complexity of function and the appearance of new patterns of behavior are characteristic of mental growth. In this case any attempt to distinguish between increase of size and increase in complexity is not only meaningless, but may actually hinder progress by suggesting that we know more than we actually do as to the nature of the mind. Our knowledge of the relation of the mind to the brain is still woefully inadequate.

WHAT DOES THE TERM "NORMAL" IMPLY?

The term *normal* does not mean simply the usual or the average. Neither does it mean the best, although ordinarily it carries a connotation of all of these ideas. The most important meaning which we wish to attach to it is the absence of ill health or incapacity. The child that shows indications of an incipient disease, which does not yet cause outspoken symptoms, cannot be described as normal until the disease has been cured. This use of the term focuses attention upon practical considerations of functional performance.

At the same time, it is impossible to avoid the use of the term *normal* when we mean average, typical, or standard. We recognize, when we examine any group of individuals, that they differ one from another to a considerable degree, and the question is, what range of variation shall we consider as normal. It is now clearly recognized that such variations are always to be expected in any group, and the statistician speaks quite appropriately of the "normal distribution curve," which expresses just this variation. Many of the individuals who differ from the average or mean must be thought of as normal.

Great variations, however, often involve some interference with function, and it is convenient to recognize such deviations as abnormal; and we also consider as abnormal any very extreme and unusual variation. If a certain degree of divergence from the average seems to be frequently associated with imperfect function, we may set this arbitrarily as the limit of normal. The separation is essentially arbitrary, but the conception of the normal, as including a certain range of variations, becomes of great significance when we attempt to set up standards. A single value in itself is inadequate as a standard. It must be accompanied by some indication of the range of variation which it is expected to include.

We must recognize that each individual is endowed by his heredity with certain possibilities of growth and develop-

ment. These potentialities may be a little more or a little less than the average. Our practical problem is not so much to determine whether the child conforms to a standard representing the average of a group, but whether or not he realizes to the fullest possible extent his own inborn potentialities.

No attempt has been made to set up new standards or to improve those already in use, since the information necessary to state the range of variations which should be regarded as normal in each case is not available. There is always a danger also that any standard which is set up may be applied too rigidly to individual cases. We are all familiar with the tables which show the usual relation between the weight and the height of children of different ages. These have been used to determine whether any child is "up to normal weight," with the implication that the child who is found to be underweight is probably undernourished. The work of this Committee shows that deviations from these standards very frequently depend upon differences in the skeletal proportions of the child and that the underweight child very often is simply the child who has a slender chest or narrow hips. We are not ready to set up more complete standards which would take such differences into account; but quite apart from this practical difficulty, we wish to emphasize the danger involved in uncritical acceptance of these standards.

METHODS OF ATTACK

The information upon which present knowledge concerning the growth and development of children is based has been obtained by a great variety of methods. The observation and measurement of a large number of individuals of different ages has given a general idea of the course of growth and development. The possibilities of this method are by no means exhausted, especially if the results are analyzed by modern statistical methods. The development of

the Roentgen ray has permitted the anatomist to make observations and measurements on a living subject which would be utterly impossible without it. The extended use of this method in future studies should yield much valuable information concerning normal growth and development, and also of many aspects of disease.

A somewhat different avenue of approach is that of clinical observation. The pediatrician, while studying disease in children of different ages, has found himself forced to study the normal healthy child as a standard of comparison against which to recognize the picture of disease. His observations have usually been less systematic and complete than those of the anatomist and physiologist, but more and more he is subjecting his ideas to properly controlled tests in the clinic. He has also gained a vast fund of information of a sort which has not yet been formulated in precise laws and rules. It is in the clinic that the information which we have already acquired concerning growth and development will be most usefully and directly applied. The clinic will continue to be an important source of knowledge, but a great opportunity will be wasted unless medical schools recognize to the full the importance of study of the normal child. Too often the attention of the student is focused upon disease and its manifestations, while the normal growth and development of the child and the best means of fostering them are neglected.

In the laboratory, animal experimentation has proved to be an indispensable tool. Without it we should today be ignorant of the whole subject of vitamins and of many other important phases of nutrition; and our knowledge of the sciences of physiology, bacteriology, and immunology would be only rudimentary.

Statistical methods for securing information regarding growth and development have been increasingly employed in recent years. We must remember, however, that the results arrived at by statistical methods are no sounder than the original data themselves. The original observations must

mean what they purport to mean, and must be obtained under known conditions, if the conclusions drawn from them are to be valid. Uncritical use of statistical methods involves a real danger because of the false impression of authority given by results mathematically expressed. The misuse may even go so far as to bring the method into disrepute.

Another line of approach to these problems has only recently been recognized for its true worth. That is the type of study which follows an individual over a long period of time, making systematic tests and measurements at regular intervals, and gathering all kinds of relevant information about him. Observations made on large groups of individuals, even when analyzed by statistical methods, tell us only of general trends. Certain observations which have recently been completed indicate that the acceleration of growth at puberty is usually much more sudden than the customary group methods had led us to believe. The suddenness of the spurt of growth was masked by the fact that it does not occur at the same age in different individuals, so that the composite curve for the whole group shows only a gradual rise through a period of years. This is only a single illustration of the type of information which may be obtained by such individual studies. The development of physiological functions, the reactions of an individual to various diseases, and much of the story of mental development can be adequately obtained only in this way.

The careful study of a relatively small number of individuals, continued over a period of years, seems to be the most promising method of attack upon the majority of unanswered questions in the field of growth and development.

PHYSIOLOGICAL AGE

The maturity of an individual, as measured by the extent of ossification or by the union of his epiphyses, has frequently been termed his "physiological age." This choice of terms is

most unfortunate, for although growth is a physiological process and the term is to this extent appropriate, there is a much more significant use to which it may be put.

We may think advantageously that the physiological maturity of an individual is the gauge or measure of the completeness and effectiveness with which various important physiological processes are carried out. Life depends upon a variety of physiological adjustments such as the maintenance of body temperature, a constant supply of oxygen to the tissues, a proper amount of sugar in the blood, and an avoidance of any extreme of acidity or alkalinity. These and many other adjustments are being continually carried out from the moment of birth and even before. Any one of these functions, however, may not be carried out as perfectly in the infant as it is in the older child, and the adult may be still more effective in his turn. The body temperature of an infant is notoriously unstable, in that it may fall to a much greater extent following undue exposure to cold, and also in that it rises to a high fever on relatively slight provocation. This concept of the development with advancing years of an increasing effectiveness of vital physiological processes is a very recent one, and we are not yet in possession of sufficient facts on which to base broad generalizations, but it promises to be a fertile field for future research.

THE PERIODS OF GROWTH

Not all periods of growth and development are equally well understood. The stage of maturity—the end product of the process of growth and development—has quite naturally been most extensively studied. The baby and the young child have been fairly extensively studied from many points of view. There is an important gap in our knowledge, in that the new-born infant and the infant during the first few weeks of life are much less completely understood than the older child. This is particularly unfortunate, because

growth and development are most rapid at this period, and in terms of maturity small age differences become very important. Perhaps the very rapidity of change and the instability of physiological adjustments account to some extent for our lack of knowledge concerning this period. The prenatal development of the infant is relatively inaccessible to study, and it is not surprising that we are in relatively gross ignorance of many important aspects of the subject. The other period for which our knowledge is most defective is that of adolescence. It is not generally recognized what profound changes are taking place in the individual both physically and mentally during this period. Not only is there a sudden spurt in growth, but a relative instability in the relationships of the various organ systems appears at this time. Nevertheless, because of the relatively large size of the boy or girl at this age, physicians have usually thought of him or her as practically mature, and have treated them pretty much as adults. Such information as we now possess clearly shows that this point of view is unsound and that further studies of the period of adolescence are essential to complete our knowledge.

Passing from generalizations to particular topics, a brief consideration has been given to some of the salient points which emphasize certain trends and viewpoints that seem likely to dominate our thoughts and knowledge on child growth and development in the immediate future.

SIGNIFICANCE OF SOCIO-ECONOMIC CONDITIONS IN GROWTH AND DEVELOPMENT

The extent and nature of the influence which social, economic, and cultural factors may exert upon the growth and development of children is a very important question. A scientific study of this question meets certain difficulties which have not yet been surmounted. The greatest of these lies in the vagueness of the factors with which we are dealing,

and the consequent impossibility of measuring them in definite, objective terms which will allow a comparison of one set of conditions with another. A second difficulty lies in the immense complexity of the situation, and the lack of any means of artificial simplification or control. The influence of economic factors on growth may be self-evident in extreme cases, as when growth is retarded by partial starvation. Here not only the effect, but the nature of the relation between family income and the growth of the child is apparent. When the case is not so extreme, however, other factors besides income may assume as important a place, and it becomes extremely difficult to devise any satisfactory composite index of the excellence of the child's surroundings. Such intangible factors as the competence of the mother may well dominate the situation. Had we a satisfactory criterion, many problems which are now subjects for dogmatic assertion and heated controversy might be investigated in an objective manner with some hope of a satisfactory solution. Unfortunately, in most of the work dealing with the prediction and control of human behavior the desire to solve problems has run ahead of our attempts to develop sound methods for their solution.

NUTRITION AND DIET

Even though our knowledge of nutrition and of the necessary components of a diet is extensive, and we may justly feel a certain confidence in our ability to construct an adequate diet and to specify broadly the needs of an individual at a given age in terms of calories, as well as in terms of protein, fat, carbohydrate, water, minerals, and vitamins, there is some danger of being carried away by our assurance, and of believing that the goal has nearly been reached. It is well to make a critical examination of the situation. We are adjusted to live on plant and animal tissues, and these contain countless substances which do not fall into any

of the categories just mentioned. Our recently acquired knowledge of the vitamins has served to emphasize the importance of little things, and we cannot feel sure that all of these little things have yet been identified.

Furthermore, the same foods are not always of the same composition. We are just beginning to appreciate how variations in the soil can bring about changes in the nutritive value of a given crop. The iodine content, the nitrogen content, the acidity, the calcium, the phosphorus, and the potassium of the soil all cause variations in the plants. Likewise, the quality of the fodder given to cattle profoundly influences the vitamin content of their milk.

Why do we encourage and endorse the use of human milk as the best food for infants? Artificial feeding has proved successful in many cases when we are forced to use it, and even has certain theoretical advantages, in that we may easily increase mineral, vitamin, or protein content if we desire. If mother's milk is inadequate in quantity or quality, as frequently happens under our present living conditions, artificial feeding may be used with fair assurance of adequacy; but most babies still thrive better upon human milk. Perhaps it is some of these as yet unidentified little things which possibly help to develop a resistance to disease by carrying from mother to child small quantities of immune bodies. After all, the experience of the world is our primary guide in the choice of foods, and our scientific knowledge of the subject is really the result of an enlightened empiricism.

HABIT FORMATION

Habit formation is recognized very early in the life of an individual, and habits are being formed whether or not we are consciously endeavoring to train the child. We cannot go into matters of the technique of establishment of sound habits, but we may mention in passing a few of the funda-

mental principles. First, the habit which we wish to cultivate, and any means employed to establish it, must be physiologically and psychologically sound, and not run counter to the normal functioning of the mind or body. Secondly, the young child must be handled on a regular program so that his activities will fall into a smooth rhythm. Third, we must be consistent in our attitude toward the child, and not encourage him to do on one day what we may prohibit on the following. But in our efforts to attain regularity and consistency, we must not commit the opposite error and overtrain the child to an inflexible and impersonal routine which would rob him of his individuality and spontaneity. For the sound training of the child there is no substitute for the atmosphere of a happy home.

LIMITATIONS OF TESTS

The particular phase of mental activity which we most readily and most frequently measure is the so-called intelligence. It is much more important at this time to call attention to certain limitations of the usefulness of these intelligence tests which we may inadvertently have overlooked. Inexpert administration of intelligence tests is a frequent source of error. An even greater danger is the misinterpretation of test results. The test score should not be thought of as a final verdict, but regarded as a point of departure for further observation and study, to be supplemented by case history data, by tests of actual accomplishment, and by a careful consideration of traits of personality.

Mental growth includes much more than mere increase in intelligence as measured by our familiar tests. It begins even before birth, although its expression in the early months may be confined to the simplest sort of motor responses. Nevertheless, we can trace the development of patterns of behavior in these early stages. Following exactly the same logic as in the construction of intelligence tests,

we are now well on the way to the establishment of normal standards for early mental growth.

In all of our thinking about the growth of the mind, we must not confine our attention too closely to intellectual abilities, but must acquire a broad concept of the developmental stages through which the individual passes, and include the emotional development of the child, a field as yet almost untouched.

PHYSICAL EXAMINATIONS

A practical problem which we are often called upon to meet is that of determining whether a child is as healthy, as well nourished, and as mature mentally as we should expect him to be. How in practice are we to pass judgment on the individual child?

No single item will serve as a sufficient basis for any such judgment. Many separate pieces of information must be collected and considered in relation to one another. A complete physical examination, carried out by a trained and practiced physician, is probably the most important item. It may show the presence of actual or impending disease, and may give considerable insight into the general condition of the child. Much more valuable than a single examination is a series of examinations carried out at regular intervals by the same physician. This tells the progress of the child, and very often the rate of progress is much more important than the level at which the individual happens to stand at the moment. In addition to the value to the child of such repeated examinations, is the accumulation of much information which is needed to extend the knowledge of the normal processes of growth and development. Even the repeated physical examination has its limitations. The previous history of the individual is also important, and in order to arrive at anything like a complete picture, we must estimate as accurately as possible the hereditary possibilities with

which the child is endowed. His mental, as well as his physical status, must be evaluated, and we must also consider the influence of the social and economic conditions which surround him. Our problem is to appraise the individual as a whole, so that we may assist him to achieve to the greatest possible extent his inborn potentialities.

So far we have considered only the growth and development of the healthy child. Details of the effects of various diseases upon different organs and functions of the body will be considered later. But it needs no such detailed collection of evidence to convince us that disease may interfere seriously with the subsequent health of the child, or cause definite handicaps in various directions. Eradication and prevention of disease are an important aspect of promoting the best development of children. Next to this, we must devise means for early recognition, and prompt and adequate treatment of diseases, once they appear.

What we are just beginning to appreciate is the value and importance of building up and maintaining the general health of the child in the prevention of disease. Here again our efforts to establish sound health habits and to foster adequate nutrition and opportunities of growth are doubly rewarded; they form the bulwark against disease, and at the same time constitute an end in themselves.

CONCLUSIONS

Knowledge of the growth and development of children is extensive in some respects but meager in others. It is important to recognize the gaps which exist and to admit ignorance, rather than to theorize with unwarranted assurance.

Knowledge of the processes of growth and development during the first few weeks of life and the period of adolescence is particularly inadequate. In future studies special consideration should be given to these two age periods.

A still more satisfactory understanding of the fundamental processes of mental and physical growth and development is clearly needed. This demands unremitting, conscientious, and cooperative research by the laboratory worker, the clinician, and all others cooperating in the study of the child.

The social and economic conditions of a child's surroundings may exert a profound influence on his development, both physical and mental. Nutriment, fatigue, and such other factors as the competence of the parents, educational opportunities, the unusual hazard of disease, are of the utmost importance and must be evaluated at all times. Scientific investigation of the factors from which clean-cut deductions may be drawn is difficult. Studies beginning with clear definitions of terms and definite objectives need to be undertaken.

Mental and emotional factors have an important bearing on physical health. This implies that the doctor, in particular, should endeavor to understand the causes of behavior of his patients, and, above all, he should assist parents to develop a sound point of view in regard to the general management of the life of their children.

Opportunity should be afforded every child for nutrition which, to the best of present knowledge, is optimal for his needs. A well-balanced diet must include, both in quantity and in quality, all the elements essential for the demands of the processes of growth. The provision of a liberal quantity of milk and of eggs, fruits, and green vegetables provides a valuable safeguard.

Mothers should be encouraged to nurse their babies. Human milk from healthy and properly nourished mothers is the ideal food for infants. When conducted with understanding medical supervision artificial feeding in cases of necessity may be a satisfactory substitute.

No single set of facts, such as height and weight, is adequate in itself to appraise and pass judgment on the health of the child. Mental and physical factors, his previous history, his race, his present condition, his opportunities and background, all are important. Due weight must be given to normal differences which exist between individual children.

Periodic health examinations constitute a valuable safeguard to health. These examinations should begin with the new-born infant and be repeated at suitable intervals thereafter. These should not cease with entrance to school, but should be conducted at least through adolescence. Periodic examinations should be thorough and comprehensive, and be conducted by physicians acquainted with the healthy child and the complexities of growth and development, as well as with the manifestations of the diseases peculiar to different age levels. Reliance upon superficial routines and unthoughtful application of so-called standards must be guarded against constantly.

Disease influences detrimentally the growth and development of children. The best treatment is prevention.

PRENATAL AND MATERNAL CARE

SECTION I—COMMITTEE B

FRED L. ADAIR, M.D., *Chairman*

WHILE the subject of prenatal and maternal care in its entirety is not ordinarily included in the field of child health, it has, none the less, a very definite bearing upon the life of the child at one of the most critical and important age periods. There should be a closer tie-up between the obstetrician and the pediatrician to secure consecutive supervision from conception to maturity.

"The importance of prenatal and maternal care becomes evident when one considers that the United States is credited—possibly unjustly—with having one of the highest maternal deathrates of any of the great nations of the world. Then, too, the deathrate among infants in the first weeks of life is not only distressingly high, but has remained practically unchanged, while the rate has been successfully reduced in the remaining months of the first year. This report throws additional light upon the causes of the high percentage of deaths during the first weeks of life, a situation concerning which clarification is needed." *

The age period considered is from conception to the eighteenth year. This naturally includes a consideration of fetal life, more commonly known as antepartum or prenatal

* From address of Chairman, Section I—Medical Service, Samuel McC. Hamill, M.D.

life. During this period of development the fetus is absolutely dependent upon its mother for its life and growth. It is easily understood that any disease or condition which affects the mother detrimentally during pregnancy may have a more or less serious result for the fetus. The fact that complications arise during labor is well-known. Such complications may prove disastrous to mother, or fetus, or both. These conditions may not lead to fetal or maternal mortality, but the mother, or child, or both, may subsequently be handicapped by more or less permanent disability.

With the beginning of extra-uterine or postnatal life the dependence of the fetus upon the mother, while not absolute, is none the less an important actuality. The infant is no longer dependent upon the mother for its supply of oxygen, as respiration is, of course, established at birth, and under favorable conditions the infant can survive even though the mother succumbs when the child is born. None the less, the infant is deprived of some factors contributing to its health and protection, if the mother dies or is permanently or only temporarily disabled as the result of childbearing. In primitive surroundings the infant was even more dependent upon the mother for protection, the maintenance of body heat, and the securing of sustenance, than under our present conditions of civilization.

The care of the mother can conveniently be divided into three phases: that during pregnancy—antepartum; that during confinement—intrapartum; and that subsequent to labor—postpartum. Similarly, the attention which is given from the standpoint of the infant is spoken of as ante- or prenatal, intranatal, and postnatal care.

These phases of maternal and fetal or infant care correspond in time, but the point of view varies, in that partum care is directed toward the welfare of the mother, while natal care concerns the fetus and infant more intimately. It is perhaps unnecessary to have the two sets of terms, but their

use stresses points of view which are of great importance. The former group might be included under the general term of maternal welfare, whereas the latter terms could be designated as fetal and infant welfare.

PRECONCEPTIONAL CARE

Anything having a detrimental effect upon the potential, prospective, or actual mother reacts unfavorably, not only upon her, but also upon the fetus and infant, and as a result has a definite influence upon child health and protection. Strictly speaking, it is probably correct to limit the term *antepartum* or *prenatal* to the period of pregnancy. If we do so limit this expression, it might be well to coin another term such as *preconceptional* care, because it should be clearly recognized that many things happen prior to pregnancy which have a definite influence on both mother and infant.

Certain conditions which complicate pregnancy or labor may be congenital or inherited. For example, a congenitally deformed pelvis may complicate labor to the disadvantage of both mother and fetus.

Environmental conditions may have far-reaching effects on the subsequent course of events during a pregnancy and labor. Rachitis in infancy and childhood is of serious import to the infant, but it is also of definite significance during the reproductive life of the woman who acquires a rachitic pelvis.

The subsequent significance of infections during infancy, childhood, and adolescence is not entirely appreciated. A tuberculosis, an endocarditis, and a nephritis following scarlet fever may become of serious importance during a pregnancy.

In later life the acquiring of infections of the generative organs such as syphilis and gonorrhea, if they do not produce sterility, may lead to serious consequences to mother, fetus, or both. In the solution of many of these problems preconceptional care is far more effective than any amount of prenatal attention.

ANTEPARTUM OR PRENATAL CARE

Prenatal care, *per se,* is of the very greatest value for the prevention of many maternal and fetal diseases and deaths. It has been greatly stressed during the past few years, not because it was the most important part of maternal and fetal care, but because it was and is one of the most neglected. Adequate prenatal care is part of a necessary program, but it is merely a link in the chain of events associated with maternity, the full value of which can be realized only by proper subsequent care during confinement and puerperium.

INTRAPARTUM OR INTRANATAL CARE

The mother and fetus pass from the prenatal stage into the intrapartum or intranatal phase of maternal and fetal care. The former has been protected, during the prenatal period, from the threat of toxemia, and the latter has been rescued from the dangers of congenital lues and possible prematurity. At this stage the mother is confronted with the potential possibility of sepsis and other jeopardies, and the fetus with the dangers of birth trauma and its sequelae.

If the mother had to choose for herself and offspring between good antepartum with poor intrapartum care, and poor antepartum with good intrapartum attention, she would be foolish not to select the latter as she would doubtless be much safer; but a choice should not be necessary as every mother is entitled to receive adequate care during both pregnancy and labor. The infant needs a living, healthy mother, and the mother can accomplish more for child health and protection with an infant which is vigorously alive and well from birth.

POSTPARTUM OR POSTNATAL CARE

Postpartum and postnatal care are stressed more and more as a necessary follow-up for both mother and infant.

This has been developed to a greater extent for the infant than for the mother, but there is ample opportunity to improve the care of both.

The immediate care of the mother during the lying-in period has probably been better than that furnished to the infant during this time; but after the first fortnight the mother has received little attention, while the infant has been more generously and properly managed. The objectives and essentials for the mother are, that she be alive and free from disease and disability, which usually means that she be non-toxic, uninfected, and untraumatized following childbirth. The fundamental requisites for survival in early infancy are:

Proper heredity
Adequate fetal maturity
Freedom from deleterious intra-uterine influence
Absence of birth trauma
Proper nutriment
A sufficient oxygenation (respiration)
The appropriate maintenance of body temperature
Protection from harmful influences—bacterial and toxic

While adequate prenatal care is of great value, it is possible to spoil all the good results by poor intrapartum and postpartum attention. It would seem axiomatic that prenatal, intranatal, and postnatal care should be consecutive and complete.

FACTORS AND CAUSES OF FETAL, NEWLY BORN, AND MATERNAL MORBIDITY AND MORTALITY

Statistically, the mortality, especially that of mothers, seems to be greater in this than in many other countries. There are many sources of error in drawing conclusions from comparative statistics, especially where there are differences in methods of completeness of reporting and classification.

There are differences of opinion as to the relative statistical status of this country in regard to maternal mortality. The exact position the United States occupies in relation to other countries is not so important, if it be generally recognized that morbidity and mortality rates for fetus and mother are unnecessarily high, and that efforts should be made to improve the conditions which cause this morbidity and mortality. Evident and probable factors and causes of maternal morbidity and mortality in general are the same as those determining morbidity and mortality of the fetus and the newly born infant. The most important of such factors and causes to be subsequently reported upon and discussed by the committee have been divided into four groups as follows:

Diseases either affecting the mother previous to impregnation or appearing as complications in the course of pregnancy. Among these are tuberculosis, syphilis, heart diseases, diseases of endocrines and blood, parasitic infections, carcinoma; the influence of maternal radium and Roentgen therapeutic irradiation upon the health of the subsequent child; acute infectious diseases and their effect on the mother, the fetus, pregnancy, and the newly born; renal diseases, toxemia, and diseases of the mouth and teeth.

Obstetric procedures, chiefly operative, often employed in the course of labor or soon after delivery including: immediate care of the normal puerperal woman, immediate care of the normal newly born infant, anesthesia and pain relief during labor, artificial induction of labor, forceps and Cæsarean section, breech labor, version and extraction, birth injuries of the newly born infant, afebrile complications of the puerperium, febrile complications of the puerperium, genital and extragenital.

Practices more or less common among Negroes, Indians, and Chinese in this country as the result of certain racial superstitions, which are likely to prove harmful to mother or infant.

Abortion in many of its varied obstetrical aspects.

A consideration of the factors and causes of morbidity and mortality indicates the incompleteness of general statistical information and shows the difficulties in the way of

drawing very accurate and conclusive opinions. It seems desirable to have more complete data bearing on statistics of maternal, fetal, and early infant mortality, which it would seem possible to secure by a clearer definition of terms and by a classification of the causes of death more in accord with our present day knowledge. Certain facts of considerable importance could be brought out by changes in the data required on birth and death certificates and possibly by the use of special or supplementary certificates for fetal and maternal deaths.

The situation regarding statistics on stillbirth and on previable and early infant deaths could be considerably clarified by making some distinction between the types of stillbirths possible by the substitution of a more definite and inclusive term of fetal death, which could include previable infants.

The causes of neonatal death could be more clearly defined and a better classification adopted. There is but little known concerning the morbidity of the newly born. The present situation in regard to puerperal morbidity is unsatisfactory. Marked differences appear in published statistics concerning the degree and duration of temperature rise necessary to qualify this complication as morbidity. It is doubtful that any rise in temperature evidently caused by definite extra-genital complications without any connection with the process of labor can be properly classed as puerperal morbidity. On the other hand, there are definitely morbid consequences of labor which actually constitute puerperal morbidity which are not necessarily associated with the rise of temperature.

MATERNAL AND EARLY INFANT CARE

During the last decade and more there has been, in many localities, a gradual but consistent increase in the number of women entering hospitals for their delivery. In California over half of the births occurring in 1929 took place in hos-

pitals or maternity homes. The segregation of maternity cases in these institutions was the general rule.

There is very little material on fetal and maternal mortality in hospitals as compared with deliveries at home, for bureaus of vital statistics usually do not classify maternal deaths according to the place of delivery. Figures secured from California for 1929, however, show that the rate was practically the same for hospital and home deliveries. This is a very good showing for the hospitals, in view of the fact that they receive a large proportion of complicated and difficult cases.

A study of difference in maternal and infant mortality rates for white and colored and the causes for this show that the mortality rate among the colored group is almost twice that for the white population. Factors which influence the high rates among the colored are poor housing, poor nutrition, lack of education, insufficient maternity and infant care, and a high incidence of rachitis, syphilis, and gonorrhea.

A study of the provisions offered for prenatal and antepartum care and the effect which such care has had upon the maternal and fetal mortality shows that it is only during the last ten years that any concerted effort has been made to develop on the part of the women a demand for this attention and to educate the physician in its benefits as a routine service. There are numerous health agencies which are attempting to give prenatal care and advice, but generally these are not adequately staffed by trained personnel and the care which is given is not complete. Physical defects are overlooked, blood Wassermanns and blood chemistry are not taken, and mouth hygiene is neither taught nor practised in the majority of clinics. Most of the dental supervision and advice, if given at all, comes from the physician without proper consultation with the dentist.

Notwithstanding certain evident and serious omissions, it is admitted that some good has been done in educating the

women in the hygiene of pregnancy, diet, the value of regular urinalysis, and blood pressure readings.

Most of the hospitals in large cities which admit maternity cases have prenatal clinics from which their booked cases come. The statistics of prenatal clinics, where the attention is consecutive through the prenatal, natal, and postnatal periods, is in striking contrast with the results obtained in clinics, where there is no control of the disposition of the patient during labor.

In a study of maternal mortality in New York City which is being made by a special committee of the New York Obstetrical Society, it has been found that about 10 per cent of the women who died had grade A prenatal care and that 22 per cent had had some prenatal care.

Over 360 health centers throughout the country, in an answer to a questionnaire, stated that they were giving prenatal care, but of these agencies less than 10 per cent provided for the consecutive care of the parturient women in labor.

Although the infant mortality rate in the United States has been materially reduced, there has been no decline in the neonatal deathrate or in the stillbirth rate, the latter being four for each hundred live births in the birth registration area in 1928. Half of the infants who die in the first year of life die during the first month. In analyzing these deaths by cause, it is shown that the greatest number are due to prematurity and that the second highest cause is intracranial injury or hemorrhage. It should be possible to reduce both the stillbirth and neonatal deathrates by good prenatal and intranatal care.

A study of the facilities for helping in the postpartum care of unmarried mothers or deserted wives and their babies shows that such facilities are inadequate. Even fewer facilities are offered to the syphilitic mother or the woman who is suffering from acute gonorrhea.

A study of the number of confinements by midwives

shows that the proportion of cases attended by them varies from practically none in some states to as high as 30 to 50 per cent in some Southern states having a large colored population. In certain Eastern states with large populations of persons of foreign birth or foreign parentage there is also a high percentage of deliveries attended by midwives.

In the last analysis, it is the general practitioner, and usually a busy one, who will attend the great mass of obstetrical cases. He should have had opportunity for special training in obstetrics, including advance methods of diagnosis, pelvimetry, fetometry, simple laboratory methods, and an opportunity to observe the proper management of the various stages and complications of labor.

A nurse who has had special maternity training in the delivery room, and who is capable of following a fetal heart, and making rectal and abdominal examinations to determine progress should be attached to the staff of every busy practitioner who cares for maternity cases. Surgical cleanliness and the avoidance of trauma must always be the watchword of every man or woman who practises obstetrics.

The ideal obstetric practice must be arranged for three distinct groups of patients:

The clinic patient who will receive her care in the clinic with its prenatal, intranatal, and postnatal services, completely organized as to personnel, with a social service follow-up to bring these patients back after their discharge from the hospital in order that involution changes, displacements, and latent infections may be taken care of.

The great mass of women who do not go to clinics and who will always be confined in the home or in a maternity hospital by the general practitioner or the young specialist. These women must be provided for, and it is this class who must be educated to the benefits of modern medicine. The general practitioner will be better equipped to take care of such cases if he is given more opportunity for training.

The well-to-do patients, who also need education. They are in

a position to have the best available care, but they must know what is the best. As yet a relatively small proportion of this class have their deliveries in the hospital. When we speak of hospitals we mean one manned by a trained obstetric staff, not the general hospital without proper provision for maternity cases, which is no better for a delivery than the home and frequently gives a false sense of security to the untrained, surgically inclined obstetrician.

Provision should be made for expert care of the newly born infant in the hospital and in the home, and arrangements made for proper follow-up of young infants so that they receive adequate care at the hands of a private physician or in infant welfare clinics.

We seem to be entering upon a period of conservatism in obstetrics where, by careful antepartum study, instruction in the hygiene of pregnancy, the intelligent interpretation of the laboratory findings in the toxemias, a broader knowledge of the physiologic mechanism of labor, and the employment of strict surgical asepsis at delivery, maternal mortality will be reduced. To achieve this result, the present standards of inadequate and casual prenatal work must be raised by the organization of properly equipped prenatal clinics, staffed by a trained personnel. It will not be difficult to do this in our big cities in the clinics connected with the large, well-endowed university hospitals; but giving adequate prenatal attention in the sparsely populated districts will always be a difficult proposition until both the physician and the patient appreciate its advantages and accept their individual responsibilities.

The small rural hospital, which is the medical center of the community, could well establish both a free and a pay clinic for the instruction of the prospective mother. Each one of these institutions can cover considerable territory and their facilities in this day of the automobile can be utilized without difficulty. Furthermore, all of these hospitals are open hospitals and the physician who gives the care could have access not only to the records but to the hospital facilities.

Only conservative and intelligent rational obstetrics at the time of delivery, followed by postnatal observation for a period of two months after birth, will ever raise our maternity care to proper standards. Mothers' classes for antenatal instruction could be conducted in these centers, and in this way the public would obtain a better knowledge of its responsibilities to the woman at childbirth. The laboratory equipment of these small hospitals could be used to keep track of the urine and Wassermann reactions, while a nurse could keep the weight charts and make blood pressure readings. All of this work could be done at small cost with benefit to the hospital, because it would establish a contact, and it would take away from the woman the fear of a hospital and teach her the value of preventive medicine. The physician would be better trained because of the demand for better service by both the woman and the hospital. Such hospitals could be utilized for necessary training of midwives.

STATISTICS

It is desirable to have more complete data bearing on the statistics of maternal, fetal, and early infant mortality. It is suggested that important statistics on maternal mortality would be secured if each maternal death were reported on a special blank giving operative procedure, if any, place of confinement, and name of attendant, in addition to the cause of death.

This information should also be entered on certificate of stillbirths and infant deaths and tabulated in the annual reports of births, stillbirths, and infant deaths. More comprehensive information relating to stillbirths may be obtained by the use of separate certificates for live births and stillbirths, such as may be obtained in the States of Illinois and New Jersey, and the District of Columbia.

On the back of both the live birth and stillbirth certificates, a statement defining the period of gestation at which

a birth is reportable should be included. For instance, the District of Columbia states that no report shall be made of a stillbirth when a fetus has not passed the fifth month of utero-gestation; some states require a report if the fetus is in the fifth month of utero-gestation. Some uniform time should be decided upon, which may be expressed in weeks, and which should be printed on the back of both live and stillbirth certificates. (It has been suggested that products of conception should not be reported as infant births until the period of viability is reached, that is about the twenty-sixth or twenty-eighth week. Younger offspring should be considered as fetal births or deaths.)

On the back of the stillbirth certificate a definition of the term *stillbirth* should appear. For registration purposes no child that shows any evidence of life after being born should be registered as a stillbirth. The rules of statistical practice adopted by the Section on Vital Statistics of the American Public Health Association state that: "No child that shows any evidence of life after birth should be registered as a stillbirth; that the words 'any evidence of life' shall include action of the heart, breathing, movement of the voluntary muscles." However, the point has been raised that after a fetus is born the only criterion of beginning extra-uterine life is the establishment of respiration, since the fetus moves and the heart beats in utero- as well as after birth. It is believed that a definite distinction should be made between fetus and infant and that ultimately the term *stillbirth* could be abolished and that of *fetal death* substituted.

The laws of some countries and some of the states in this country require all cases of puerperal septicemia to be reported. A more universal application of such laws is needed. Uniform blanks, later to be adopted by all the states, could be employed for reporting this transmissible disease.

LEADERSHIP ESSENTIAL

It is interesting to note that the deathrates in later infancy have been materially reduced; while statistical evidence points to the fact that the fetal and neonatal deathrates have not been lessened. There are certain conditions which may mitigate this reproach upon obstetric practice, but it indicates that on the whole obstetricians have not been alert and alive to the possibilities of preventive measures as have the leaders in the specialty of pediatrics. This is corroborated by the evidence pointing to a stationary maternal deathrate, arising mainly from conditions which are largely preventable or controllable. When about 40 per cent of the maternal deaths are due to infections, approximately 25 per cent to toxemias, and 8 to 10 per cent to hemorrhages, which, if not absolutely preventable, are at least controllable, it would seem possible to do something to diminish the number of deaths.

The mortality is of the greatest importance, and it is perhaps an index of the morbidity of which we have no accurate means of estimating the amount. We know from subsequent observations in obstetric, gynecologic, pediatric, and other clinics that the maternal and infant morbidity and disability is considerable. One should not ignore the psychic effect on a prospective mother of the assurance of good attention during pregnancy and labor; nor should the shock of a tragic ending of parents' hopes be forgotten. Some of these tragic endings are avoidable, some are not, but there is solace in knowing that the attention received was the best available.

If our present day obstetric knowledge could be universally and skilfully applied, several thousands of maternal lives and tens of thousands of fetal and infant lives could be saved annually and much suffering and injury avoided.

This brings up the questions of education, organization, application, interest in, and investigation of the science, art,

and methods which pertain to maternity and infancy. It is the responsibility of the medical profession to furnish leadership in community as well as in individual health matters; and it is for leaders in special fields to work out the solutions of problems pertaining to these branches of medical science. The leadership in solving these problems relating to maternity must come from those most conversant with these questions. Medical educators and those interested in obstetric practice should assume the responsibility and furnish the leadership necessary to correct these conditions.

EDUCATION

There is probably no branch of medical and surgical practice which requires better basic and fundamental training in what to do, when to do it, and how to do it than obstetrics. If one feels insecure in his knowledge of many things in medicine there is generally an opportunity to study to obtain information on these. This is not so true of obstetrics. Convulsions, hemorrhages, and complications of pregnancy and labor must be dealt with decisively, promptly, effectively, and skilfully, or untoward result will occur. The mind must be prepared with accurate knowledge and the hand trained so that the obstetrician can proceed with decision and accuracy along the proper course to a happy termination of the case.

Instruction of Students. Medical education has gone through many stages of development from the individual instruction imparted by the preceptor to the collective instruction of large groups in amphitheater clinics. The ward walks, group instruction, and the idea of clinical clerkships have been and are being tried. So far as individuals are concerned, all methods have been and are yielding both good and bad results. The vital factors are the teacher, the student, and the opportunity.

The undergraduate medical training begins with instruc-

tion in the basic medical sciences, the correlation of which, with the teaching of obstetrics and gynecology as well as other clinical branches, has not been entirely satisfactory. It is probable that in most instances the didactic and demonstration work is satisfactory and reasonably well done. Apparently, obstetric clinical instruction has fallen down because of the dearth of patients available for instruction of students. With increased hospital facilities and a greater number of patients confined in hospitals, this has been overcome in many localities and in many institutions. On the other hand, this has probably led to some defects in the teaching of the conduct of labor in the home.

The clinical training necessary for the undergraduate may depend to some extent on what his subsequent experience is to be. The so-called interne year is coming to be of considerable and increasing importance. The Committee feels that a compulsory interne year is desirable for all graduates of medical schools and that a maternity service should be included for any of those graduates who will later come in contact with maternity cases. Twelve medical schools now require the so-called interne year for the granting of a degree of doctor of medicine.

Preferably this interne service should be a rotating service including at least internal medicine, surgery, obstetrics, and pediatrics. This training should be regarded as really fundamental clinical training for all who are to practise medicine in any of its branches, no matter whether they go into the practice of general medicine or into the overpopulated specialties. It should be regarded, also, as an intermediate step before advancing into the postgraduate or graduate education which is necessary for the development of a specialist.

There are no uniform standards either in the different states or in the medical schools themselves, relative to the amount of practical work a doctor must receive before he is allowed to practise obstetrics. Five of the twelve states that

require an interne year have specific requirements relative to an obstetric service during this year. The National Board of Medical Examiners has no specific requirement relative to the amount of obstetric experience the applicant has had. There are no standards for the man who wishes to practise as a specialist.

Certain standards set up by the American College of Surgeons have had considerable influence. Recently the American Board of Obstetrics and Gynecology has been incorporated with the cooperation of the American Gynecological Society, the American Association of Obstetricians, Gynecologists, and Abdominal Surgery of the American Medical Association. This board has no legal status, but plans to issue certificates to those who, by virtue of experience, training, and education, conform to standards which have been set up. It is hoped and expected that a certificate from this board will have considerable weight with hospital trustees and in medical circles when it is necessary to pass upon a doctor's qualifications as a specialist in obstetrics and gynecology.

It should be remembered that, while the medical profession has been raising its standards for the practice of medicine in its various branches, other groups have been permitted similar privileges which are granted on standards of a lower scale.

The requirements for the practice of obstetrics by nonmedical practitioners, such as osteopaths, chiropractors, and others, are not uniform in all of the states. It would seem that much could be accomplished if certain minimum requirements in education and training could be met before these practitioners were permitted to give maternity care. It is unlikely that the maternal and early infant mortality in this country will be above reproach until certain minimum and fairly uniform requirements are met before a license is granted for the practice of obstetrics.

Education in Obstetric Nursing. The doctor occupies first place in this country in the care of maternity cases, but there is no other country in which the nurse plays such an important part or occupies such an influential position. The nursing profession is more completely developed and organized in the United States than in any other country. Most nurses, during their course of training, receive some obstetric experience, but their training is frequently not good and often entirely inadequate. Some nurses who are interested in obstetric nursing make a point of securing additional education and training along this line. In addition to the trained, registered, or licensed nurse, there are also the so-called practical nurses, who in many communities have had much to do with the care of mothers and babies. Many of these practical nurses are self-taught; some of them become very capable; but others are ignorant, untrained, and a menace to both mother and child. The so-called nursing attendants or nurses' aids are of more recent development, and this type of nurse or attendant has not on the whole been very successfully developed.

The Committee tentatively recommends:

That nursing schools throughout the country formulate and adopt a modified curriculum in the theory and practice of obstetric nursing.

That courses in obstetric nursing in countries which consider it as a postgraduate subject be studied and compared with those given in the United States; that following this, a *bona-fide* postgraduate course in obstetric nursing be prepared and plans made for giving such a course in the United States.

That a plan be worked out for the education, employment, control and supervision of obstetric nursing attendants.

That persons responsible for the education of nurses be advised of the findings of the committee and urged to correct the conditions which are responsible for inadequate teachings of obstetric nursing in nursing schools.

That state and local boards of health, nurses' associations, other interested organizations, and obstetricians be advised of the find-

ings of the committee and asked to assist in improving obstetric nursing by conducting institutes and refresher courses for nurses engaged in this field.

That the public be acquainted with the community's need for nurses well trained in obstetric nursing so that they may intelligently support efforts to raise state requirements and help furnish the facilities for preparation in this type of work.

Education of Midwives. In the United States most of the deliveries are cared for by doctors while in most European countries 80 per cent or more of the labors are conducted by midwives. Generally speaking, European midwives are well trained while most of those in this country are not. The training schools for midwives in Europe are in city or state hospitals and under the direction of an obstetric specialist. In this country there are only three that are recognized—an entirely inadequate number. In Europe there are both private and public midwives, but the tendency seems to be toward control by the community or state, some of which give subsidies.

Relatively few of the 47,000 midwives in the United States have had a course in a school of midwifery. In the past few years, however, every state that has a midwife problem has provided some sort of supervision and elementary instruction. This work has usually been done by nurses who have had no special training in midwifery. In a few instances, notably Georgia, Pennsylvania, and Tennessee, part of the work has been done by doctors. It seems that some states have attempted to control their midwives without giving them adequate preparation for their practice.

The midwifery problem under our present economic situation cannot be relieved at once. At the present time the midwife is a local necessity but every effort should be made by the medical profession to improve her efficiency as rapidly as possible, and this improvement should be brought about by local effort. In states where the economic status is low, aid is needed. The work begun by the several State Boards

of Health should be continued; a system of control should be developed by each state, and standards of supervision and instruction worked out. These should include requirements for licensure, and adequate supervision by obstetricians, qualified nurses, or midwives. The requirements should be raised gradually until a satisfactory standard has been reached.

The practice of midwifery should always be under the supervision and control of direct medical authority. Recognized institutions which will assure proper training of midwives must be established if present conditions are to be permanently improved. Anything less than this is temporary alleviation and not permanent relief. The establishment of such institutions should be a community responsibility. Since the need for midwives seems greatest in those communities having a large colored population, it would seem wise to establish institutions in the South for the proper training of colored midwives. Plans should be formulated for post-graduate courses for keeping midwives up-to-date.

The Committee is of the opinion that the ultimate solution of good obstetrics lies not in the midwife, but in developing a sufficient number of doctors who are well trained in the fundamental principles of obstetrics; and that the development of such doctors is a direct responsibility of the medical schools.

Education of the Laity and Social Workers. The education of the laity and social workers on maternal welfare problems divides itself very naturally into three parts: first, the education of the pregnant woman; second, the education of the public at large, which may be and should be interested in these problems; and third, the education of the social worker.

Theoretically this information, being a medical problem, should be given to all groups by physicians, but in practice it has not always worked out in this way. Many physicians have not the desire or ability to impart this educational work to the laity, and therefore other methods have been adopted.

From the prenatal clinics, mothers' classes were started. Prenatal letters and pamphlets are written in order that more and more women, especially those remote from medical care, can be reached. Traveling clinics, the so-called Health Care Conference of the Child Welfare Special, have gone about from town to town in some of the states, distributing the prenatal pamphlets, holding clinics, and showing many posters, charts and statistics on maternal problems. In a few of the states correspondence courses are carried on either by the State University or the Department of Education.

In the education of the public at large the more general problems of maternal welfare are stressed, and the necessity for maternal care and the results that are obtained are explained. Lectures before women's clubs by physicians and nurses trained in obstetrical work arouse much interest and stimulate the communities to demand better work and to have better facilities with which to work.

In some of the universities, colleges, and normal schools courses on maternal welfare are given to the students.

From time to time magazine articles on maternal problems appear, and in a few magazines physicians conduct departments on child welfare in which maternal welfare questions are answered and articles of interest on this subject are published. A few magazines have their own prenatal letters and pamphlets for distribution to their subscribers.

Life insurance companies, commercial houses dealing in maternity supplies, baby clothes, or food products, publish pamphlets and articles for the education of their policyholders or patrons.

In recent years the moving picture has been used to good advantage, and more recently the radio broadcast has become a source of information.

In all of this work the stressing of prenatal care is the outstanding feature. The importance of good care at delivery is noted, but it has not been insisted upon to such an extent as has prenatal care. Prenatal care is essential; good

delivery care is just as essential; and until the public at large is educated to the necessity for adequate maternal care, and demands that the high maternal and fetal mortality that now exists in this country be reduced, little real progress can come.

The social worker is trained by courses generally given in what is known as the medical information course in the school curriculum. A considerable number put the subject matter under the course in public health, and three only in what is known as a special course. The general method used is the lecture. A considerable number, however, also add case demonstration.

In reviewing the detailed information, it seems as though the more adequate courses were developed in those schools where medical social training is organized as a specialty.

These are, very briefly, the methods of educating the pregnant woman and the public. They are all helpful, but it would seem that the education, to be more effective, must be made more extensive and intensive throughout the entire country, and the facts on maternal welfare kept before the public more constantly.

INTERESTED ORGANIZATIONS

The activities of the national organizations which touch upon programs for maternal care fall into three groups:

> The collection of data on maternal and infant mortality, the rate of live and stillbirths, and various factors influencing these rates.
>
> National, state, and local demonstrations of the practical value of adequate prenatal, intranatal, and postnatal care.
>
> The education of physicians, nurses, midwives, the expectant mother, and the laity, concerning the value of maternal and neonatal care.

This work has been carried on more or less intensively for the past ten years by federal, state, medical, nursing, and

voluntary lay organizations. The favorable results in lowering maternal morbidity and mortality obtained in various communities as a result of the practical application of the standards of maternal care have proved its definite value.

The work of the national organizations has been a leaven which has operated in local communities for the betterment of the care of mothers and young infants, and while there has been some duplication of effort, this has not been wasted, but has served to emphasize the importance of the work in the minds of the public. The organizations should, if possible, work more closely together and try to cover the field more completely with the minimum amount of duplication.

It is possible that national organization should act more in an activating and advisory capacity and should encourage local communities to work out and develop their own programs. Too vigorous attempts at standardization should be avoided.

The following additional recommendations are offered for consideration:

> The publication of more papers in medical journals on obstetrical subjects, especially relating to the importance of maternal care.
>
> The adoption by all hospitals admitting obstetric patients of the minimum standards for general hospitals caring for obstetric patients as outlined in the American College of Surgeons' Year Book for 1927.
>
> The licensing and supervising of all obstetric hospitals and nursing homes.
>
> The continued education of the laity to the danger of abortions, toxemia, and infection; and the necessity for adequate prenatal, intranatal, and postnatal care for the accomplishment of the purposes of maternal welfare.

The interest and zeal of the Children's Bureau of the Department of Labor and the Census Bureau have been of invaluable aid in the collection and correlation of statistical data on factors causing maternal mortality. The Children's

Bureau has given valuable service in the direction of the administration of the Federal Maternity and Infancy Act and in other demonstrations, in addition to the publication of many bulletins of educational and practical value dealing with maternal and infant and child welfare.

The practical results of the Maternity and Infancy Act are impossible to evaluate, but it is significant that all but three of the State Bureaus of Child Hygiene cooperated fully in carrying out the demonstrations. Most of them are continuing maternal and child welfare work. Through the continued cooperation of the State Bureaus of Child Hygiene much valuable work may be done and information secured.

Continued cooperation and action of the Joint Committee on Maternal Welfare as well as of its component members is urged. These members of the medical profession interested in the practice of obstetrics have been aroused to the necessity of improving obstetric teaching and conscience.

CONCLUSIONS

Infant and maternal mortality and disability are unnecessarily high. The main causes for the mortality of the mother are infection, toxemia, hemorrhage, and injury. For the infant they are prematurity, birth injury, malformations, and infection.

These casualties can be reduced by adequate maternal care throughout pregnancy, labor, and the lying-in period. The infant from the moment of birth requires adequate medical attention just as much as the mother.

The universal application of our present obstetrical knowledge would markedly improve these conditions. The public needs further education as to the necessity of adequate facilities for maternal care and for the education of trained personnel. The various methods now in use for educating the pregnant woman and the public are all effective and should be continued. Interested national organizations perform a valuable function in initiating and advising local efforts. While local activities should conform to certain

essential standards, too much standardization destroys local initiative.

Adequate care for maternity cases in the home and hospital with segregated maternity services should be available in every urban and rural community. A comprehensive program requires the cooperation of obstetrically trained doctors and nurses, and certain non-medical workers in the fields of social service, domestic economy, and nutrition.

There should be some modification of the methods of reporting and classifying stillbirths, early infant, and maternal deaths. It is particularly unfortunate that previable infants who have no possible chance of survival are now reported as live births. This leads to an unduly high figure for early infant mortality. More accurate statistical data as to the number and causes of deaths will lead to a better understanding of causes and a more effective prevention of such casualties.

Midwives are still needed in certain rural localities because of racial and economic conditions. As long as the necessity exists, more adequate provisions should be made for their training and for their proper supervision under medical control.

Nurses constitute an important agency in maternal care. Their undergraduate and graduate training in this field should be encouraged and improved. There is special need for better training of nursing instructors. The training of nursing attendants for maternity care should also be considered.

Adequate medical education is fundamental to any program for maternal care. The following specific improvements are recommended:

A more thorough correlation of obstetrical teaching with the basic sciences.

Enlargement of women's clinics wholly under the control of medical schools.

Residence of medical students in such women's clinics where they may for a sufficient length of time receive correlated practical teaching in maternal and infant care.

Personal supervision by an obstetrical teacher, of home deliveries by students.

Increased facilities in the medical schools to provide postgraduate training for those who wish to become specialists, investigators, and teachers, and for the general medical practitioner who wishes to improve his obstetrical knowledge.

Institutions for medical education and service require adequate financial support.

MEDICAL CARE FOR CHILDREN

SECTION I—COMMITTEE C

PHILIP VAN INGEN, M.D., *Chairman*

TO comply with the specifications laid down by the President, namely, to ascertain what is being done throughout the Nation in the way of medical care for children, what is lacking, and how to fill in the gaps, has involved a study that seems to have no limits.

"It has necessitated ascertaining the qualifications of all groups presumably trained to prevent and cure disease—the physician, the nurse, the medical social worker, the nutritionist, and the dentist. This, in turn, has involved a study of the institutions—graduate and undergraduate—giving such training, to determine whether their courses were adequate. It was further necessary to ascertain whether the number of workers was equal to the need and whether they were so distributed as to make their services available to all communities. It has entailed a study of the number, distribution, and types of hospitals, and other institutions having to do with the health of children; and required a most exhaustive study of the families of the nation to determine whether they have been educated to the point of utilizing to the best advantage the facilities offered for the prevention and cure of disease.

"In securing data three methods were used: the question-

naire, interviews and correspondence, and data already assembled by various agencies." *

PRESENT STATUS OF PEDIATRIC EDUCATION

In order to estimate the efficiency of the work being done the first step was to learn as much as possible in regard to the professional preparation of the various groups engaged in medical or semi-medical care of children.

Almost all of the schools of medicine investigated showed a tremendous variation in the organization and facilities for teaching, the scope of information, and the amount of time given to pediatrics as compared to other branches of medicine. In some schools the work is utterly inadequate. In many, far too little attention is paid to teaching physicians of the future what constitutes health. The results of this investigation seem to indicate that there is need for a very careful consideration of the possibilities of graduating physicians better equipped to advise concerning the health of children. This belief is strengthened by the replies from groups of physicians (about 2,500) concerning their estimate of their education in pediatrics "in the light of present experience."

EXTENSION COURSES

To meet the need for extension courses without requiring absence from home and consequent loss of time, various methods of taking educational facilities to the physician have been tried. This type of work has been carried on mostly by the Extension Divisions of the State Universities, usually in cooperation with the State or County Medical Societies, and sometimes with the State Departments of Health. North Carolina was the first to organize such a system. During the eight years these courses were given, the total

* From address of Chairman of Section I—Medical Service, Samuel McC. Hamill, M.D.

registration was 1,341. A very large proportion of these students have attended more than one year and some even four and five years.

MENTAL HYGIENE

Among the phases of especial interest in the field of the medical care of children is that of mental hygiene. In an endeavor to reach a common viewpoint, an attempt was made to secure information on, and statements of the points of view of all groups interested in mental hygiene. There appears to be a distinct need for all groups, and it seems also that it should be possible for every physician who cares for children to understand and be able to apply the principles of mental hygiene without spending years in special training to acquire an elaborate technique. The whole subject requires careful and honest study and discussion.

POSTURE

The part played by body mechanics, or "posture" as it is generally termed, in the health and well-being of the child, is another subject receiving more and more attention. Like many new ideas, it became popular in an unfortunate manner, and much of this so-called posture work being done in the schools and elsewhere is nothing more than simple calisthenics or gymnastics.

While the majority of medical schools give instruction on this subject, it is usually scanty or incidental and very inadequate. Yet body mechanics has a part to play in the child health program, and lack of training facilities for those who must do a large part of the educational work in this field is a serious matter. Definite information on the prevalence of bad body mechanics, its recognition as a causal factor in disturbances of health, and the methods of satisfactory treatment are needed.

DENTISTRY

A careful study of all available reliable data indicates that about 95 per cent of children suffer from dental caries. In the past, efforts to control caries have consisted in replacing carious areas by fillings, and oral hygienic measures. While these procedures have an undoubted effect upon general health and comfort, they seem to have failed, to a great degree, in preventing the development of caries. In an attempt to arrest and to prevent caries, research on animals, and, in some instances, carefully controlled dietetic measures among children have been carried out with notable results. An extension of reparative and hygienic measures is needed, but further study of the underlying causes is of great importance. Laboratory and clinical experience indicate that these causes lie within the field of mineral metabolism which may be regulated by dietetic control. In dental education, too little attention seems to be paid to this subject.

NURSING

During the last thirty years the demand for nurses in public health work has increased by leaps and bounds. Training schools for nurses have attempted to give basic instruction for both public and private work to all student nurses, but the number of children that enter hospitals for treatment is much smaller than that of adults. Consequently it is very difficult to get experience in pediatric nursing. For this reason 450 of 1,000 schools of nursing send their students to special hospitals to get training in pediatrics. The amount of time given to theoretical and practical training with the healthy child is either almost nil or utterly inadequate.

MEDICAL SOCIAL SERVICE

Although medical social service has been a part of hospital practice for twenty-five years, and the American Hos-

pital Association and the American College of Surgeons have officially recognized it as essential to the modern hospital with adequate standards of service to its patients and the community, a very large proportion of the hospitals of the country do not include this service as part of their organization.

The facilities for training for medical social service are limited. There are nine institutions, schools of social work, and universities offering special training for this work. The American Association of Hospital Social Workers has an educational secretary who acts as advisor to those training centers.

NUTRITIONIST

The trained nutritionist, sometimes spoken of as dietician, or home economist, is playing a larger and larger part in child health work, and in many of the schools and child-caring institutions is making valuable contributions to child health.*

CONVALESCENT HOMES

In cities, one of the great problems which the hospital has to face is what to do with children after the acute stage of an illness is past. They are not in a fit state to look after themselves, and home conditions are often not favorable for a satisfactory convalescence. Most hospitals are not equipped to properly care for this important period, and often all beds are needed for acute cases.

For certain types of cases, and for infants particularly, institutional care is not always satisfactory. Hence, in some localities, convalescent care is given in foster homes. A pioneer, and probably the pioneer, in this field for infants is the Speedwell Society in New York. For twenty-eight years this organization has been placing convalescent and sick babies in carefully selected foster homes, often in more

* This subject has been treated more fully in other committee reports.

or less rural or suburban areas, with excellent results. These are due largely to the constant and efficient medical and nursing supervision which is given to each case.

In only 14 per cent of these institutions are children received directly from hospitals for communicable diseases (scarlet fever, measles, and so forth). And yet these are often the cases that are in greatest need of convalescent care. In 48 per cent both colored and white children are accepted. Sixty-two per cent of hospitals having social service departments have facilities for convalescent care in institutions, nearly all of which were reported satisfactory. Over half of these also have foster homes available for convalescent care. The replies as to which type of care—institutional or foster homes—was more satisfactory, when both were available, were inconclusive, only a slightly greater number finding institutional care more satisfactory.

Of the 946 physicians in charge of children's cases in hospitals, only 36 per cent reported that convalescent care was available for their patients on leaving the hospital. Of those who had no such facilities, only 60 per cent felt the need of them.

HEALTH EXAMINATIONS

Practically all medical schools emphasize the importance of health examinations of children, vaccination against smallpox, and immunization against diphtheria in their teaching.

Information received from nearly 2,000 physicians who limit their practice to, or who are especially interested in children, as to their practice in giving health examinations to children under their care indicates that the more recently the physician had graduated the more he made a routine practice of giving these examinations. A very large proportion made a practice of examining children under one year, older children less frequently, and when the school age was reached, but rarely.

The attitude of parents toward health examinations, as far as children under one year were concerned, was nearly always favorable. As the child grew older, however, especially after the second year, their attitude was less favorable, until at school age very few were willing to have this examination made. The reasons most often given for this unwillingness on the part of parents were either "parents think unnecessary," or "cost."

Of general practitioners reporting, 61 per cent said that very few parents were favorable, and 18 per cent said none of them were.

Over half of 406 dispensaries questioned encouraged parents to bring their children for health examinations. The age groups most frequently urged to attend were the children under one and from one to two. Twenty-five per cent of the hospitals encouraged bringing preschool children, and 16 per cent the school child.

Too few dispensaries are interested in this preventive phase of medicine, or else are not adequately equipped to carry it out. The interest shown is largely toward the child under two, the school child rarely being encouraged to come.

Since it is during infancy and early childhood that conditions develop which result in the handicapping of the individual in later life, and since the early detection of these conditions often renders their correction possible, there is great need of educating the public on the importance of health examination during early life.

SMALLPOX AND DIPHTHERIA

Two procedures which are today generally admitted as preventive measures of proven value are vaccination against smallpox and immunization against diphtheria. In the early part of the Nineteenth Century smallpox committed its chief ravages upon children about two years of age. One-fifth of all children born died of smallpox before they were ten

years old, and one-third of all the deaths of children were due to smallpox. In the death registration area of the United States in 1910, 62 per cent of all diphtheria deaths occurred in children under five years. Diphtheria and smallpox are absolutely controllable, and yet localized epidemics of smallpox keep occurring in this country. During the ten-year period, 1919-1928, 553,559 cases of smallpox were reported in continental United States. In 1927, 57 per cent of all diphtheria deaths occurred in children under five.

Vaccination against Smallpox. The overwhelming majority of the physicians limiting their practice to, or especially interested in pediatrics, urge vaccination. Fifty-five per cent make a special point of urging it for children during their first year of life, which is considered to be the best time to vaccinate. Eighty-two per cent of the physicians in general practice urge it for all children, and 14 per cent only did it when asked.

The attitude of parents, as reported by physicians, was in general very favorable, the first group—pediatricians and physicians dealing especially with children—reporting nearly all favorable. Of the general practitioner group, 61 per cent reported nearly all parents as favorable, and 10 per cent very few.

In general, the practice in the dispensaries is very much the same, and only 6 per cent reported that very few parents were willing to have their children vaccinated.

Immunization against Diphtheria. Although immunization against diphtheria has long since ceased to be a matter of experiment, diphtheria still takes its toll of lives of children every year. The age at which immunization is carried out is important. While deaths during the first year of life are comparatively few, 600 were reported in the birth registration area in 1928, and those deaths were mostly unnecessary. Statistics from Michigan show a fatality rate of 61 per cent during the first year of life, 34.7 per cent during the

second year, and 21.4 per cent during the third year. Early immunization seems to be very important.

Over 90 per cent of the pediatricians specially urged immunization in their practice, only .5 per cent stating that they did not believe in it. Forty-two per cent of these reported parents favorable for children under one year, 52 per cent as favorable for children of preschool age, and only 27 per cent for children of school age.

Among the general practitioners, 77 per cent specially urged it and only 1 per cent did not believe in it. They found nearly all parents favorable in 44 per cent of the cases, and about half favorable in 30 per cent.

Fifty-nine per cent of the dispensaries specially urge immunization. Only .5 per cent of dispensary physicians stated they did not believe in it.

The dispensary physicians did not find parents as willing to have this done as in the case of vaccination. They were more willing to have it done for children of preschool age than for babies under one year, and least interested for school children.

STATUS OF PREVENTIVE MEASURES

The foregoing information serves as an index of the facilities available for preventive measures among children. As the material came in and was studied, it was more and more evident that little is known of the extent to which these facilities are being used. It is of course obvious that we have not covered the field, for there are other agencies giving vaccination and diphtheria immunization, notably public health authorities, especially in urban areas.

There are still far too many children reaching maturity and the productive stage of their lives who are handicapped by physical defects which could have been largely prevented, or corrected, if discovered early.

In order to determine the extent to which preventive measures are being utilized throughout the country, in both urban and rural areas, an extensive survey has been carried out. Facts are being secured from over 150 cities and from the rural areas of over 600 counties. A tremendous amount of work is being done by the schools when the children come under their influence. This investigation was limited to children under the usual school age, six years. The extent to which four health procedures—health examinations, dental examinations, vaccination against smallpox, and immunization against diphtheria—have been carried out was studied. The reports from the first forty cities to come in, varying in size from 32,000 to 2,000,000, located in twenty states, and giving the facts for 31,851 children under six years of age in 20,868 families, may be briefly summarized. The most striking thing is the tremendous variation in the extent to which these various procedures have been carried out.

In Cities.

Health examinations:

In babies under one year the extremes were 11 per cent to 80 per cent with an average of 50.5 per cent for the forty cities. The size of the city seemed to have no relation to the result.

In children from one to five years, the range was from 12 per cent to 73 per cent with an average of 44 per cent.

Dental examinations:

The number examined varied from 1 per cent to 23 per cent, 10.2 per cent being the average. As these facts are for children under six, it is rather surprising that the figures are so high.

Vaccination against smallpox:

For preschool children the extremes were 2 per cent and 47 per cent. In seventeen cities less than 10 per cent of children under six had been vaccinated; and in thirty-five cities less than 20 per cent. The average was 16.4 per cent.

Diphtheria immunization:

In preschool children the extremes were 2 per cent and 49 per cent. In sixteen cities less than 10 per cent had been immunized against diphtheria, and in twenty-eight cities less than 20 per cent. The average was 17.1 per cent, and yet in 1927, 57 per cent of all deaths from diphtheria occurred during the first five years of life.

Rural Areas. The figures available in rural areas are too small to warrant drawing definite conclusions. They are, up to the present time, available for only fifty-four counties in twenty-six states, and deal with 3,714 children in 2,346 families. There is here, as in the cities so far studied, tremendous variation.

Health examinations:

In babies under one year the percentages varied from 0 per cent to 64 per cent. The average was 34 per cent as against 50.5 per cent for forty cities.

In preschool children the range was from 9 per cent to 85 per cent. The average was 40 per cent for all counties.

Dental examinations:

The average was 17 per cent as against 10.2 per cent for the cities.

Vaccination against smallpox:

These figures ranged from 0 per cent to 42 per cent with an average of 9 per cent for rural districts as against 16.4 per cent for cities.

Diphtheria immunization:

Here the range was from 0 per cent to 49 per cent with an average of 13 per cent for rural districts as against 17.1 per cent in cities.

Of course these figures must be taken with some reservations, for they represent only 25 per cent of the cities, and less than 10 per cent of the rural areas. They seem to indicate, however, the need of a vast deal more of intensive educational propaganda, and perhaps greater facilities for carrying out these procedures.

It is hoped that some information may be obtained as to the relative use of these measures by various economic groups, but this is a subject which must be carefully studied, and the many elements of misinterpretation carefully guarded against.

In the information from rural families, place of birth—hospital or home—the attendant at birth, and the distance from medical, dental, and hospital help were also obtained. It is hoped that valuable data as to local conditions and local needs may be obtained which may lead to greater protection of preschool children. With this in mind the Committee is sending to each locality the tabular statement of the results of their survey without waiting for it all to be assembled and compared. Results of surveys are often held back too long to be of real value.

The tremendous amount of information secured in regard to health facilities is being carefully gone over and put together on the basis of the county as a unit for future use. While this summary will be incomplete, it will give, as far as possible, for each county the area, population, density of population; the number of physicians in practice, and the ratio of population to physicians; the number of dentists and the ratio of population to dentists; the number of hospitals in groups according to service rendered; the number of beds and number of beds available for children; the number of health centers, the number of public health and visiting nursing organizations, the number of public health and visiting nurses; whether there is a full-time county health officer and a home demonstration agent.

HEALTH OF INDIANS

In general, the health conditions of the 345,000 Indians in the United States today are bad. The authority of the old men of the tribes is great, and they are densely ignorant of the most universally accepted principles of health. And most of them do not want to learn. The matter is still further complicated by the Indian Medicine Man. From time immemorial the Indians have had their own Medicine Men. They exist today in practically every tribe, and, untrained and untutored, practise their calling and often have great influence, especially with the old and ignorant members of the tribe.

Tuberculosis is very prevalent and the deathrate is estimated to be more than four times that among the white population, and in some localities it is said to be fifteen times as great as that for the country as a whole. Trachoma is excessively prevalent. Infant and child mortality is high.

The Government has established eighty-eight general hospitals for the Indians on the reservations, and in addition fourteen sanatoria for the care of tuberculosis. Most of these hospitals, improvised from school buildings, dormitories, or superintendent's quarters, are utterly unsuited for the purpose they serve. The same thing applies to the sanatoria for tuberculosis. There is not a single general hospital in the Indian Field Service which complies with the minimum standards of the American College of Surgeons, nor is there a sanatorium which complies with the minimum standards of the American Sanatorium Association. All are understaffed as to professional and nursing service, as well as general personnel, and equipment is usually sub-standard.

NEGRO HEALTH PROBLEMS

The whole problem of Negro health is a difficult one to solve. It is also important for it concerns nearly 10 per cent

of our total population, and the health of the Negro has a direct influence on the general health of the community. There seems to be a real need for colored nurses in the public health field among their own people. The colored nurse can accomplish more than the white nurse, even though the latter has had experience in that field, and is sympathetic with the Negro. Numerous public health nursing organizations find it of advantage to use colored nurses for their own people.

There are two recognized medical schools for Negroes. Just how many Negro physicians there are is not definitely known, but there are 176 in Chicago, 160 in New York, and fifty-three in Detroit. Except in his own hospitals, there is almost no opportunity for the Negro physician to secure clinical experience. In several dispensaries where there is a large Negro clientele, he can at times secure an appointment.

HEALTH AND WELFARE CONDITIONS IN HAWAII

It is doubtful if any territory of corresponding size in the world now represents a more composite population than Hawaii. In 1920 it included Japanese, Portuguese, Chinese, pure Hawaiian, Filipino, with a few thousand from Porto Rico and Korea.

Tuberculosis takes a big toll of deaths, especially among the Hawaiians and Filipinos. Diarrhoea, prematurity, and pneumonia are the three chief causes of infant mortality. In the whole territory the infant mortality rate in 1924 was 116. It fell to 84 in 1928 and was 102 in 1929. Among the Caucasian inhabitants in 1929 the rate was 44, among the Filipino families 244, and the Hawaiians 202. In the City of Honolulu, the infant mortality rate was 62 in 1928 and 85 in 1929.

The maternal mortality was 6.9 for the territory. Among the Japanese, Hawaiian, Chinese, Portuguese, and Filipino mothers in the City of Honolulu nearly one-third of all live

births were attended by midwives in the homes, and almost the same number by friends or the family only.

The territorial government, the county governments, the hospitals, all health and welfare groups take a definite, specific, and well correlated part in a very broad health program.

Vaccination of all children on entering school is compulsory and is enforced. Diphtheria immunization has been carried out very extensively. In 1929, 15,000 children in Honolulu were immunized against diphtheria, over one-third being under five years.

An excellent prenatal program including a home delivery service is in force in the islands. The official and volunteer nursing groups have pooled their activities, thus avoiding much wasted effort and time.

Infant and preschool conferences are held on a large scale, both in the towns and on the plantations, and home visits also are made by the nurses. Each year a spring round-up of children who will enter school the next year is carried out by the cooperative activities of the Board of Health, the Department of Public Instruction, the Free Kindergarten Association, the Parent-Teacher Association, Palama Settlement, the County Medical Society, and other groups. The program includes vaccination, immunization against diphtheria, and the correction of defects. In the last round-up (1930) 91 per cent of the children were accompanied by their parents.

An extensive and excellent nutritional program is carried out among preschool children through the activity of the Junior League. The schools also have an excellent nutrition program. All children are weighed and measured five times each school year, the undernourished more often.

Every public school child receives a careful examination twice during the course of his school life. This includes a real examination for posture and other orthopedic defects, and of eyes and teeth by specialists. These examinations are

also given to all high school children on entering, and every year for those who wish to enter athletic competitions. Of 1,350 students so examined last year, 151 girls were placed in rest or corrective classes, and 201 boys were found to have physical handicaps which barred them from competitive sports.

Health education is well developed in the schools, 100 to 150 minutes each week being given to it. In one high school a first-aid room is provided where all health work of the school is coördinated and all records are kept. This room is now being paid for by the Athletic Association.

The health activity of the industrial groups on the plantations is a most striking example of "health pays." A medical and nursing service, of which Dr. Hiscock says, "The directors and the territory may be justly proud," has been developed to a high degree of effectiveness. On the Island of Oshu, last year, eight plantations spent for medical service (including hospital) and nursing care $142,000, with additional capital outlay of nearly $16,000—a per capita cost of $6.52. The previous year all the plantations in the territory (forty-two in number) housing 98,800 people, spent roughly $660,000 on new buildings, $654,000 on rehabilitation, and $795,000 on medical, nursing, and sanitation service—a total of over $2,000,000.

Programs for the delinquent and dependent are well planned and in the main well carried out.

CONCLUSIONS

There is an enormous amount of preventive work being carried on by individuals and by groups of individuals which is incomplete and wasteful because uncoördinated. There are few communities where a complete child health program is being carried out. In order to develop more complete coördination, careful studies of local situations should be carried out locally for, or by, the parties concerned.

There is abundant evidence of lack of appreciation of the value of preventive measures by the laity. Intensive popular education is still greatly needed and should be undertaken. In such a campaign the assistance of the lay press is essential. The carrying out of preventive measures is part of the responsibility of the general practitioner and his cooperation should be sought.

There is little definite knowledge of the extent of bad body mechanics or bad "posture." In the opinion of many physicians its effects upon health have been proved from experience with small groups of children. Extensive, careful, scientific investigation should be carried out in many localities and among all classes of the population to determine its extent and effect.

The practice of oral hygiene and reparative dentistry, carried on for a number of years, while improving general health, has failed to decrease the incidence of dental caries among children. Such work should be continued and extended, but intensive experimental and clinical work on a large scale should be undertaken to determine definitely the part played by mineral metabolism as influenced by dietary procedures in the incidence of dental caries.

Curricula of educational institutions for physicians, dentists, nurses, and physical therapists show great variations and in many cases utterly inadequate attention to preventive measures. Administrative authorities in the various schools should be urged to consider seriously the adequacy of their curricula for preparing their students to give advice regarding essential preventive measures.

Conferences with various professional educational groups should be held to consider minimum essentials of education in preventive measures and the best practical way of adjusting curricula to meet these needs.

While the committee has not investigated the extent of measures for safeguarding the health of children in activities where health is not the primary purpose, it wishes to emphasize its conviction that in every activity for children such measures are of very great importance, are often neglected, and should always be provided under competent medical supervision.

SECTION II

PUBLIC HEALTH SERVICE AND ADMINISTRATION

HUGH S. CUMMING, M.D.
Chairman

PUBLIC HEALTH ORGANIZATION

SECTION II—COMMITTEE A

In this brief transcript of the Conference proceedings it has been deemed advisable to omit the report of the Committee on Public Health Organization, because in some of its aspects the report touches controversial points which require further consideration.

COMMUNICABLE DISEASE CONTROL

SECTION II—COMMITTEE B

GEORGE H. BIGELOW, M.D., *Chairman*

PREVALENCE

NEARLY 3,000,000 cases of communicable diseases are reported annually in this country. There are of course many more which are never reported. These diseases, about half of which occur in children, cause about 15 per cent of the total deaths. To the deaths and the economic and social losses from cases, must be added the permanent disabilities resulting from communicable diseases which may handicap the child through his entire life. For instance, from 50 to 75 per cent of our crippled children owe their condition to infantile paralysis and tuberculosis; and blindness, damaged hearts and kidneys, increased susceptibility to other infections, follow in the wake of communicable diseases among children. Economic and humanitarian motives alike demand that every known effective means of control be fully utilized and that further studies to increase our knowledge be expedited.

MEDICAL SERVICE

Adequate medical service readily available is fundamental for proper communicable disease control. Physicians are constantly making noteworthy contributions to public

health, and tremendously reduce the possibility of infection both by personally ministering to cases of communicable disease and by the instruction which they are qualified to give.

PUBLIC HEALTH NURSING

Public health nurses can be, and are, one of the most important agents in the administrative machinery of communicable disease control. Through the home, the health center, the school, and other points of contact, they can reach both parents and children in an exceptionally intimate way. They can assist in early detection of disease, in initiating procedures for prevention, and in definite follow-up measures. The nurses are often the first persons with some knowledge of disease to discover a real or suspected case, and from their knowledge of control methods, and their intimate contact with the homes in the community, are able, in a special way, to effect community measures for control.

ORGANIZATION

There are certain fundamental matters which are of general significance in any consideration of communicable disease control. To be most effective we should have knowledge of the particular disease in respect to its causation, recognition, mode of transmission, and also concerning methods of active immunization and specific therapy. This means prompt reporting, particularly of the first cases in an outbreak, when adequate isolation of cases and contacts gives the greatest promise of control. There must be an effective administrative organization with professional personnel that can furnish facilities for such services as: the diagnostic laboratory; prompt investigation of sources of infection; suitable hospitalization; a consistent educational program, aimed at raising and maintaining popular support for sound control practices; and resources for specific therapy. This

means adequately trained, full-time health service for federal, state, urban, and rural units. Without such facilities and personnel, all efforts toward the control of communicable diseases are handicapped to an extent that is but little realized outside of professional public health circles.

EPIDEMIOLOGY

Adequate organization requires provision for competent epidemiological investigation of every case of any communicable disease in which serious effort to control is to be made. A sound basis of control depends upon knowledge of each individual case, its source of infection, its contacts and potential contacts, as well as the social and environmental factors.

RECOGNITION AND REPORTING

The recognition and reporting of communicable disease is the first step towards control. For this reason, parents, teachers, industrial executives, and others, have a definite public responsibility to secure competent medical opinion under any suspicious circumstance. On the physicians must rest the special responsibility for the authoritative, immediate reporting of the individual case.

ISOLATION AND QUARANTINE

To repeat, the isolation of cases and quarantine of contacts early in an outbreak, are most effective as control measures, and therefore prompt and adequate reporting is especially important. But even so, it must be admitted that isolation and quarantine have proven to be profoundly disappointing in the control of the common communicable diseases of childhood. The first reason is that a large proportion of the spread has been accomplished by the time the disease is recognized clinically; the second, that public sup-

port of isolation and quarantine of the familiar diseases of childhood is, in general, indifferent. Therefore, since a non-susceptible population is the greatest assurance against epidemics of a disease, those artificial, active immunizing agents that are available must be fully utilized. It must be emphasized, however, that selective isolation and quarantine, which protect the young child from measles, the pregnant woman from scarlet fever, and the aged invalid from "colds" and influenza, are effective; and these procedures must be fully utilized until more effective means for prevention are known to us.

HOSPITALIZATION

Hospital facilities are essential: first, to provide a place to care for those sick with contagious diseases who cannot be cared for properly at home, or who can secure better treatment through the facilities available in a hospital; second, to prevent spread of infection when contagious disease patients cannot be isolated effectively at their place of residence; and third, for diseases which are both highly virulent and highly communicable. Hospitalization is of particular value in breaking contact between cases and food handlers, particularly those having to do with milk and milk products.

PLACARDING AND FUMIGATION

Placarding of the premises where communicable disease exists is of some value in a few diseases. Otherwise it has no value as a control measure. Gaseous disinfection properly controlled is effective in killing insects and animals known to be capable of carrying or transmitting infection. Otherwise, it is of no value as a control measure, and has been abandoned by all public health officials who are abreast of the times.

CONTROL OF CARRIERS

The control of carriers is one of the most perplexing problems which confront health officers. A carrier of disease is generally taken to mean a person who carries the causative agent and can therefore communicate it to others, while he himself exhibits no characteristic symptoms of the disease. Most persons convalescing from disease are temporary carriers, but a considerable number of persons continue to be carriers when convalescence is complete, and some are found to be carriers who have no knowledge of ever having contracted the disease.

Both these groups create difficult problems for health administrators—the problem of discovery, and the problem of adequate control. In typhoid fever, the great importance of the carrier problem in connection with its control is clearly recognized; while for other diseases, such as diphtheria, scarlet fever, syphilis, gonorrhea, and dysentery, studies have shown the problem to be of greater significance than was formerly supposed.

Among the methods of control are: (1) discovery of the carrier; (2) record of his occupation and movements; (3) proper instruction of carrier; (4) agreement on the part of the carrier to refrain from handling milk and other foods, and to observe certain essential personal sanitary rules; and (5) employment of any method that may lead to cure of the carrier condition.

RESEARCH

Increased knowledge is essential for increased effectiveness in control practice. This means generous, intelligent support of those agencies situated strategically in regard to laboratory and field resources, for these agencies are our chief source of new information, and are most valuable critics of outworn practice. Such factors as etiology, mode of spread, specific immunization and therapy, the too little

known economic and social factors in disease transmission must be investigated, so that the health officer may have control measures of proven value for each disease, rather than the shotgun method so often ineffectively practised at present.

EDUCATION

Finally it must be repeatedly emphasized that, except during an epidemic of a generally apprehended disease, when the public will tolerate and often demand police procedure, the health officer must depend for effective control on an informed cooperative public. Such a happy situation will result only from thoughtful, long-continued education.

FINDINGS AND NEEDS SUMMARIZED

The outstanding facts brought out in this report are:

The knowledge of control in many communicable diseases exceeds its practical application. If all that is known about communicable disease control were generally applied, there would be a marked reduction in prevalence.

There are, however, many gaps in our knowledge concerning certain diseases, such as, the relative importance of the various factors contributing to the spread of disease, the specific causative agents, and many other matters which, if known, would greatly simplify and focus efforts toward control.

Consequently, differences in opinion and practice exist concerning the procedures to be followed to prevent or diminish the prevalence of communicable disease. Such differences of opinion will be resolved only when more precise knowledge is available.

A few of the more important facts for consideration are:

The need for a more satisfactory determination of relative values of factors which control the spread of infection.

The necessity for well-equipped, full-time public health service with competent personnel for urban and rural districts, with ade-

quate community support and legal powers relative to all phases of preventive medicine.

Adequate compensation for those engaged in public health work that those qualified may be encouraged to enter the field.

Striking results have been obtained in many diseases so that yellow fever, cholera, and plague are almost unknown in the United States. Smallpox, typhoid fever, and even diphtheria in some sections of the country are becoming rare.

Where the causative agents and methods of control of communicable diseases are known and these methods are used, they can be practically eliminated.

The greatest recent progress has been in the control of diphtheria and typhoid fever; in the former, because the interest of the public has been awakened, and because a preventive, which is specific and effective, has been discovered; and in the latter mainly through general sanitary improvements, but also through personal immunization.

Some of the diseases which once took the heaviest toll of child life have been forced to occupy lower places in the list, so that those that now hold the place of greatest importance are diseases for which adequate means of prophylaxis or control have not been discovered. This indicates that there is still much to be done through laboratory, clinical, and field research to discover better methods of prevention and control.

There is lack of effort and effectiveness in control practice in various parts of the country. Nevertheless, all states and most individual communities are showing an increased interest in the control of communicable diseases by gradually adopting approved methods and practices.

The best practices for the control of each communicable disease so far as known have been summarized in the body of the report and are therefore not repeated here.

RECOMMENDATIONS

It is recommended that:

Provision be made for the establishment of well-organized health departments with full-time trained personnel having facilities for rendering aid in diagnosis, making epidemiological studies,

giving information and aiding in the prevention and control of communicable disease in every city and rural community in the United States, and that sufficient funds be provided to make this possible.

As in rural districts only 505 counties representing 24 per cent of the rural population of the United States have full-time health service, an effort be made to provide the other 76 per cent with such service as soon as practicable.

To avoid confusion and in the interest of effective administration, a united effort be made to have adopted, as far as practicable when climatic, geographic, and other local factors are taken into account, uniform rules and regulations for the same disease. All rules and regulations should be based, not on tradition, but on the practical needs and possibilities as determined by experience and scientific investigation. Such rules should differentiate in their application between immune and susceptible persons, and, where differences of communicability exist, between adults and children.

For the diseases among children for which specific means of immunization are available, such as smallpox and diphtheria, continuous programs be carried out until the more desirable method of making immunization a part of the routine care of the infant by the family physician has become the rule.

The value and necessity of protection from disease be made not only part of the preschool and school health program, but also that it be brought prominently before the adult population at favorable opportunities.

All communities be urged to safeguard their people by properly providing facilities for the adequate supervision and treatment of their milk and water supplies and satisfactory disposal of human waste, because of the interrelationship between these and the spread of intestinal diseases including typhoid fever.

Encouragement be given to the improvement of housing and working conditions and of recreational facilities because of their relation to child health.

Adequate hospital and other facilities be provided for the care of patients with communicable disease (including tuberculosis, gonorrhea, and syphilis).

Provision be made for an adequate public health nursing service, because of the usefulness of public health nursing in the administrative control of communicable disease.

Facilities be provided to avert or reduce to a minimum the disability which may ensue from those communicable diseases, such as infantile paralysis, which are prone to cause serious after effects.

Practising physicians, local, state, and federal authorities cooperate fully in giving prompt information about communicable disease cases which may contribute towards control or add to our knowledge.

Medical schools give more attention to the training of their students in regard to the public health responsibilities of physicians.

On account of the importance of the carrier in the spread of certain diseases, efforts be made to discover and properly control such sources of infection.

The control of communicable disease be unified under the local health authority. In anticipation of epidemic emergencies all resources for control should be organized for prompt mobilization under the local health authorities.

The satisfactory control and prevention of disease requires precise knowledge of the cause, recognition, and modes of spread of communicable diseases. This knowledge is lacking for many diseases; it is therefore recommended that investigations in the laboratory, at the bedside, and in the field be promoted.

Laboratory and field research be carried on for those diseases for which satisfactory means of prevention and control have not yet been discovered. Adequate funds should be made available for these studies.

Studies of communicable disease be made by competent persons provided with opportunity for intensive epidemiological observation on a significant number of cases in different communities, in an effort to determine improved methods of control.

While it is recognized that the field of studies needed in the control of communicable disease is practically limitless, and while it is recognized that many fundamental studies are now under way, the committee realizes that the value of its recommendations

will be increased if specific lines are suggested. It therefore presents the following as illustrations:

Meningitis. Studies should be made to discover means of detecting susceptibles, and to determine the minimum requirements to control epidemic spread.

Scarlet Fever. Continued studies should be made on the value of convalescent serum, on the production of immunity by inunction, on the advisability of releasing adult cases earlier than child cases, and on the practical use of release cultures.

Syphilis and Gonorrhea. Studies should be made to determine how much can be done to control venereal diseases. These studies should involve their clinical, laboratory, and epidemiological aspects.

Whooping Cough. Further studies should be made on the use of vaccines and diagnostic cultures as well as other possible control methods.

Tuberculosis. (1) Studies should be made on the home treatment of tuberculosis not as supplanting, but as supplementing hospital care and treatment.

(2) Systematic examination of school children in third, sixth, ninth, and twelfth grades, using tuberculin test and X-ray.

(3) Special study of causes of high deathrate for adolescent girls (twelve to twenty-one years) with all relative information.

(4) A tuberculin test with X-ray of at least 1,000 girls in different industries, compared with like groups in high schools.

(5) Study of incidence of tuberculosis infection among children, beginning with infancy and following through to adolescence.

(6) Study of tuberculosis problem among colored. (Negro deathrates from tuberculosis are not declining in Northern cities.)

(7) Further study on the chemistry of the tubercle bacillus.

Poliomyelitis. Further studies are needed on the adequate control of this disease.

Hookworm. Surveys should be made by the egg-counting method to determine the present status of infestation with hook-

worm, to evaluate the present importance to health of children, and to stimulate extension of environmental sanitation.

Trachoma. Further studies should be made on its etiology, prophylaxis, and therapy.

Common Cold. Additional studies are urgently needed.

Studies be made to determine the value and methods of general use of convalescent serums for prophylaxis against measles, chicken-pox, mumps, and possibly whooping cough.

As much of our knowledge of disease and its control has resulted from properly conducted experimentation on animals, there should be no attempt to restrain the use of animals for this purpose, so long as the experiments are conducted with due regard to the sensibilities of the animal used as well as to the benefits accruing to both human beings and animals from such experimentation.

Studies should be specially directed toward the most direct and reliable means of discovering carriers of disease, and the most satisfactory methods of curing or otherwise effectively handling those discovered.

The state, city, and rural health units, the communicable disease hospitals, laboratories in medical schools and colleges, as well as those institutes established by the United States Government and philanthropies for research work, should be encouraged to feel it their duty to make investigations of communicable diseases and improved methods for their suppression.

MILK PRODUCTION AND CONTROL

SECTION II—COMMITTEE C

H. A. WHITTAKER, *Chairman*

GENERAL CONCLUSIONS AND RECOMMENDATIONS

AMONG certain peoples, infants and children have been reared without a milk supply after the weaning period, and prolonged breast feeding is the custom in such places. Because the adult type of diet is not suitable for the young child, there is a far greater hazard to the child after weaning if cow's milk is not provided. In a country such as the United States, where it is economically and agriculturally desirable to produce milk in abundance, it is a sound policy from the physiological point of view to include a liberal amount of milk in every child's diet. Therefore, an adequate supply of safe, good-quality milk should be available for all children. The best information available indicates that approximately a quart of milk, or its equivalent in other dairy products, is desirable for the average growing child. The average child, however, receives daily considerably less than this amount.

Further research should be conducted to add to the existing knowledge of the nutritional value of milk and milk products. A number of researches in this field are suggested and adequate facilities should be provided for these.

There is ample evidence that milk, unless it is properly produced, processed, and distributed, is an important factor

in the transmission of certain communicable diseases. A study of the reported outbreaks of communicable diseases attributable to milk in the United States indicates that the largest number occur in the smaller communities in many of which the milk supply is not properly supervised and in which the percentage of milk pasteurized is small.

From a study of these outbreaks attributed to dairy products, it appears that improperly supervised fluid milk has been the most frequent offender in the transmission of disease, and that ice cream, cheese, and butter are minor offenders. The latter will, in the future, probably become even less significant in this respect. No evidences were found to indicate that milk powder, condensed milk, or evaporated milk are significant communicable disease vectors.

The supervision of milk, cream, and other dairy products is of vital public health concern and economic importance, and should receive the coördinated attention of all state and local agencies, including public health authorities, agricultural departments, agricultural, educational, and extension organizations within the state or community.

Laws and regulations for the supervision of milk supplies, whether local, state, or federal, should incorporate, in so far as practicable, uniform requirements at least equivalent to those contained in the milk ordinance to be recommended by the United States Public Health Service and the Bureau of Dairy Industry of the United States Department of Agriculture. It is fundamental that all milk supplies should be surveyed and rated as frequently as practicable. Inasmuch as the laws and regulations relating to the public health supervision of milk supplies deal only with measures which are designed primarily to protect the public health, they should, when practicable, be made the function of health authorities, local, state, and federal. The public health supervision of municipal milk supplies obviously should be the function of governmental departments primarily dedicated to the public health point of view and technically

trained in the recognition of all public health aspects of the problem.

In the absence of local milk control, the state must assume this responsibility.

Health authorities should recommend to American milk consumers that the general market milk be pasteurized before it is consumed, either in a properly supervised pasteurization plant or at home.

Milk should be bought and sold on a quality basis in order to reward and stimulate good quality.

In order that the supervision of milk and milk products may become general, and in order to educate the people as to the importance of adequate milk consumption, the federal government should prepare and institute a coördinated program of education and supervision, and the states which have not already done so are urged to develop and put into operation a program coördinated with the federal program.

SECTION III

EDUCATION AND TRAINING

F. J. Kelly, Ph.D.
Chairman

THE FAMILY AND PARENT EDUCATION

SECTION III—COMMITTEE A

LOUISE STANLEY, PH.D., *Chairman*

TRENDS

THE family is the most important agency in the health and protection of the child. Originating in the necessity of the young for some stable group to ensure proper physical care during the prolonged period of infancy, it has become the source of highest satisfaction of adults—parents finding in the development of the younger members of the family circle a source of emotional satisfaction, a means of self-expression, and an extension of themselves into the future.

In order to meet the needs of different races, cultures, and changing economic and social situations, the family in the course of time has taken many different forms; but whatever its pattern, its three basic functions always have been the care and training of the young, the nurturing of traditions, and the building-up of an adult family life which will send out individuals better able to face life than were their parents.

Statistics on marriage, divorce, size of families, and proportions of birth in the population have been interpreted to indicate disintegration of family life. Certain unmistakable trends in our modern industrial civilization are undoubtedly influencing the family. Increased technology de-

creasing the satisfactions and interest of work and utilization of human energies is affecting the permanence and stability of employment. The location of factories in or near cities is subjecting a larger proportion of the population to the influences of urban life. Inventions are extending their influence to wider and wider areas of rural life. Mass production and the easy dissemination of urban culture, together with the mobility of labor, are tending toward standardization of culture and the loss of local color. And all of these conditions of production and consumption are tending to remove from the home certain functions formerly considered inherent in family life.

On the other hand, evidence equally valid indicates that the family is not undergoing any fundamental changes. Those functions which are being removed from the home are more or less superficial in nature. When outside forces reach more deeply into fundamental family structure, there is an instinctive resistance to their influence in order that family integrity may be maintained. Child guidance and psychiatric clinics furnish evidence that serious maladjustment results in individuals who have been deprived by accident of self-identification in society through not belonging to the family, and also in those individuals who have become involved in a conflict between irreconcilable demands of family life and external social forces. Institutional care for the most part has produced uninspired individuals poorly adjusted to the outside world. Aristotle voiced the protest of human nature against impersonal and institutional care of the young when he said: "How much better is it to be a real cousin of somebody than a 'son' after Plato's fashion!"

The almost universal dismay expressed at apparent tendencies toward family disintegration is proof of the significance of the family in human life. The very fact that the family has survived to the present time is an indication that it fulfils deep-seated needs of the human race. The question is, should the family be merely the product of a

changing environment, adapting itself to it, or are there fundamental human values in family life which should be conserved and the environment adjusted to them? Whether personal relationships within the family can continue to be effective in a different home environment than that provided by the family heretofore, and whether present cultural trends are actually threatening the essential nature of the family, are important subjects for further research. The Federal Census could give valuable aid in such studies by recording, tabulating, and analyzing data pertinent to family status in relation to geographic distribution, density of population, nativity, race, and other factors.

FUNDAMENTAL VALUES IN FAMILY LIFE

It is probable that the most fundamental human values in family life are the product of the interaction of personalities within the family. The physical environment, the cultural background, and the social status of the family undoubtedly play a part in aiding or deterring the development of the individuals in a family, nevertheless the fact remains that many successful and fine individuals have come from homes that would be rated low in these respects. A study in delinquency in North Carolina has shown a slight correlation between delinquency and the non-ownership of homes. Environmental factors in juvenile delinquency have been studied by various agencies with an increase in our knowledge of predisposing causes of delinquency. However, the fact remains that good children grow up side by side with the delinquents in the same environment, and often, in the same family, there are well-adjusted and poorly-adjusted children. The deciding factor must be the interplay of personalities within the family group.

We have no technique for measuring these intangible personality factors within the family, no measure of personal relationships. Through a study of fifty well-adjusted

and fifty poorly-adjusted children a beginning has been made in setting up a measure of the more intangible influences in family life. In another study of 8,000 American school children, a relationship has been found between the degree in which children confide in their parents and such other factors of family life as group celebration of holidays, recreational activities in common, the type of control exercised by the parents over the children, the source of the first information about sex, and the general personality adjustment of the child.

There is need for the development of a dependable technique for the measurement of personality factors within the family. In the absence of the guidance which would be provided by such means of evaluation, the family must depend upon knowledge of the principles of human behavior as they have been interpreted in the fields of psychology, psychiatry, and mental hygiene. According to these principles, the family should provide for the child a friendly and hospitable environment for the development of his emotions and abilities, a secure relationship in a group of definite social status wherein he is loved, protected, and encouraged. The child wants to belong to a family. He wants his family to be as good as those of his friends. He needs the affection, the security, the encouragement of the family to fortify him for successful contacts in the outside world. He needs parents who are happy in their adjustment to each other, who are working hopefully toward the fulfilment of an ideal of living, who love their children with a sincere and unselfish love, in short, who are well-balanced individuals, gifted with a certain amount of insight, who are able to provide the child with a wholesome emotional background which will contribute more to his development than material advantages.

An equipment for parents to enable them to provide a background hospitable to the proper growth and development of the child implies a divergence of educational ideals and practice throughout the educational system from exclu-

sively informative and utilitarian instruction toward the development of an appreciation of values in human life.

It is impossible to separate the emotional satisfactions of family living from the more tangible functions that the family performs. These satisfactions permeate the whole texture of family living. Any analysis of family functions should be approached with this thought in mind.

FUNCTIONS OF THE FAMILY

The Committee has classified the functions of the family in four main categories: namely, control of environment, inculcation of social values, orientation, and liberation and recreation. The importance of some of these functions is self-evident—they are necessary for survival and while there is at present no scientific proof of the relative importance of the others, they are at least desirable, and a slighting of one would require compensation in some other aspect of family life.

Control of Environment

The family provides the child with his name and his status in the community. It is essential to the stability of the child that he be satisfied with this name and this status. Any marked difference between his family and the families in the community in regard to social, racial, or economic factors is tremendously important to him. The standards of the community which he desires to emulate may be inducive to delinquency—or he may compensate for a feeling of inferiority, resulting from marked social or racial differences between his own family and those of the community, by forms of behavior which result in delinquency. If the child through confidence in and respect for his parents can be made to believe that their deviation from surrounding family patterns is right, the child's conduct will be swayed by the

standards of his family rather than by those of the community. In other words, family relationships should offset the effects of unfavorable environment.

The physical survival and security of the child are dependent upon the protective control of environment by his family. This begins during the prenatal period and extends to adulthood. It embraces participation in community and national government; it involves knowledge on the part of the parents of physical care, nutrition, hygienic living, and prevention of disease. It requires medical and dental supervision, adequate shelter, clothing and food, pure water, fresh air, protection from accident, and the inculcation of good health habits.

Fundamental to the very existence of the family is its economic status—its ability to provide an adequate income and to expend it wisely. A basic income should be within the attainment of each family to insure the minimum standard for survival and security. This is an economic problem of national scope. A nation that values its future development will take steps to see that this basic income at least is available to all its people. Only then can we demand of all families the observance of those methods of child care upon which child health and protection depend.

Inculcation of Social Values

The family has been in the past the main channel for the transmission of culture and a chief source of intellectual stimulus. Especially in the first of these functions is the family of today accused of failure. There is evidence that in the rural districts of this country, and in certain families of established income, the family still serves in the transmission of culture. This is desirable if variations in individual and group culture are to be maintained. There is need for help in the performance of this task, however, in those families that, through urbanization and migration due to

the present demands of industry, have lost contact with the larger family, and have made no permanent local ties. As various agencies take over certain functions of the family, they must also assume the responsibility to transmit the accompanying social values and culture.

Under the old order, ideals and practice of child care and training were part of the cultural inheritance transmitted from one generation to another by the family and its surrounding social group. With the present interruption of the chain of such direct cultural inheritance, parents feel an acute need for help in meeting the problems of parenthood. In direct response to this need of parents for help in the transmission of such content of living, the parent education movement has arisen.

Although the child may no longer receive much actual instruction or training in skills in the home, the parental attitude toward learning can still afford intellectual stimulus. Willingness to answer questions, encouragement of constructive play, and the study of nature together by the family stimulate intellectual development. Sympathy with the child's intellectual interest encourages him to further efforts; and if parents are interested in the education of their children, their interest should extend to an understanding of the schools their children attend and a knowledge of modern educational trends.

In the physical plant of the home the education of the child can be furthered by providing him with the facilities for study—a place to study in uninterrupted privacy, materials for development activities, both intellectual and recreational.

Aside from the purely intellectual stimulus, the basis of esthetic taste and appreciation seems to be laid in early childhood. Although tastes can be altered in after life through education in esthetic values, individuals seem naturally to prefer the types of things that were found in their early surroundings. If this fact were more widely

recognized parents would be more careful of the type of literature read and discussed in the home, of the music selected over the radio or provided instrumentally, of the pictures in the home, of its furnishings and architecture. Except in cases of abject poverty and squalid surroundings, good taste can be expressed in the home through observance of some of the fundamental artistic principles.

Even more fundamental to personality development than these are the ideas about sex, marriage, parenthood, and family life that a child absorbs from his family. Happy is the child born to well-adjusted parents who naturally inspire confidence and affection and provide through the example of their living a serene and wholesome environment.

This Committee firmly believes that instruction should be provided by schools and colleges to further the satisfactions of intelligent participation in family life and to prepare for courtship, marriage, and parenthood. However, as long as the family exists as a unit, the initial impetus toward adjustment or maladjustment will be provided in the home life of the child.

Orientation

The intimate relationships existing between parents and child are the first socializing influences of his early life. Through these he learns the value of authority and personal liberty. Through the other children in the family his social experience is broadened to include adjustment to the needs, interests, and desires of others near his own age. Through the outside associations of the family he learns to adjust himself to unrelated persons. From his own age group he acquires those social patterns which will help him to fit into the life of his contemporaries, advance his emotional and intellectual satisfactions, and attain that measure of success in his life work consistent with his abilities. Through the family attitude he achieves also his philosophy of life, his concept of God, and his scheme of the universe;

while a well-integrated family provides the best possible nursery for altruism, disinterestedness, ethics, and humanitarianism in social attitudes.

Liberation and Recreation

Within the family the child naturally finds intimacy and affection that provide a sense of security and emotional tone in his life, and the recreation which loosens tension and provides relief from restraint. Aside from the opportunity for learning first-hand certain useful qualities like unselfishness, honesty, and good sportsmanship, family recreational activities are a regenerating influence in contacts with the outer, more impersonal world.

SOCIAL FACTORS INFLUENCING FAMILY LIFE

Among the social factors which undoubtedly bear upon the structure and functioning of the family and tend to vary the family pattern are professional or occupational status of working members of the family, race, nationality, geographic distribution, and density of population. A study of the home environment of 8,000 school children indicates that the occupational status rises in relation to the socio-economic rating of the home. Another study shows that occupation—largely through its influence on economic status—affects the size of the family and the age of marriage. Marriage is earlier and families are larger in cities which are predominantly manufacturing, and farm families are larger than those of others in rural communities. Other studies indicate that the Negro approximates the native white in his family pattern. There is a greater difference between urban and rural family life than between Negro and white. Foreign-born families, coming from a rural culture, tend to continue their rural pattern even when living in cities, while those of essentially urban culture, such as the Russian Jews,

approximate the family pattern of the native urban white.

Findings on the relation of density and aggregation of population to the family indicate that the percentage of married population over fifteen years of age increases as the size of the community decreases; that marriage without issue is more common in cities; that the size of the natural family living at home, and the total number of children born to a woman vary with the size of the community; that the ratio of excess of families over dwellings increases and the percentage of homes owned decreases as the size of the community advances; and that the number of mothers gainfully employed outside the home, the number of illegitimate births, the number of divorces are all affected by the size of the community.

An outstanding result of the studies of the Committee is the revelation of the lack of published data on marital status, age of marriage, size of family, number of children ever born to a wife, and divorce, by the Federal Census, particularly in the cities under 25,000 inhabitants, and for villages and farms; and the importance of the tabulation and analysis of the data secured by the census so that the phenomena of family life as affected by size of community, nativity, race, and geographical environment, may be adequately and accurately determined.

Certain findings seem to justify a pessimistic outlook for the family in an urban industrial civilization. However, in contrast to them is the evidence from the study of the 8,000 school children that city children are better adjusted than rural children.

An interesting feature of all researches on the family is the resistance of the rural family to change. A recent study has shown them to be disinterested in money matters, antagonistic to social change, and staunch in the maintenance of older ideals of family life, of religion, morality, and ethics. The apparent discrepancy between the picture of the "stable"

family presented by rural culture and the poorer adjustment of rural school children seems to warrant a conjecture that there are aspects of the older family pattern which not only could but should be changed. These desirable changes are probably related to the authoritarian and undemocratic parental attitudes of the old-fashioned family.

Rural people display a lively interest in human relationships and in social and political matters. Questions arise: To what extent in the future will they be influenced by the apparent social trends in urban centers; and if they continue to resist, to what extent will their resistance affect the culture of the country as a whole?

INFLUENCE OF ECONOMIC FACTORS IN FAMILY LIFE

Physical survival and health are dependent upon physical surroundings, and favorable physical surroundings cannot be provided on inadequate incomes. The basic factor in the determination of the physical environment of family life is the family income expressed either in terms of money income or family labor, or usually a combination of the two. There is need of research to determine more definitely the basic income for the maintenance of an adequate family living, and the amounts necessary to provide adequate care for the children of various ages.

Buying the living rather than producing it in the home has brought problems to which our education has not yet been satisfactorily adjusted. Wise spending increases the returns from any income, but below a certain level intelligent spending is impracticable because of the ignorance imposed by poverty. The physical urge is so great that basic physical needs must be supplied first, and nothing is left to spend on those items making up the field of choice and contributing toward education, emotional satisfaction, and the mental health of the family group. It is not strange under such circumstances that satisfactions tend not to rise above

the physical level. The basic income should be sufficient to provide not only for the physical survival of the child, but for his education and for family recreation.

Economic forces reach still further into the home. The factory has taken over much of the work formerly done in the home, requiring in return more money from the family pocket, shifting the family needs more to money income, less to family production. This has meant for many families more than one wage-earner, the increased employment of women and children. Many women carry a double job—industry and home-keeping. Other women stay in the home with a part-time job with resulting dissatisfaction. All this has meant increased urbanization, homes located around factories and work places, near sources of supplies and services, the growth of apartments and flats, less space for each person, less privacy, less family entertaining, more dependence upon outside sources for amusement, fewer children.

The cost of a child also has increased in this age of specialization. These economic trends are thought by some to threaten the family and modern civilization unless the home adjusts to them at any cost. Another point of view is possible. How may these changing economic factors be used to strengthen and conserve fundamental human values in family life? The relation of these factors to family life is worthy of the same careful consideration that has been given the study of conditions of production in relation to industry and commerce. Machine-age culture is not necessarily inimical to the enjoyment of the best of life's values.

A production program based on consumption needs would bring about a better fit between goods produced and goods used, to the advantage of both producers and consumers. It would stabilize the market and help obviate such conditions as changing wage scales, unemployment, and migration of population, which tend to give to urban family life its most objectionable features. Steady production for a stable market, resulting in regular and continuous employment,

would make possible the financial security necessary for a stable family life. Such conditions of economic stability would enable the worker to establish a permanent home in one locality where family status, credit, home ownership, and continuous social relationships would furnish a degree of assurance that the future of his children would be provided for, and would give to the child that feeling of security which helps to make him a well-adjusted and contributing member of society.

HOUSING AND MANAGEMENT OF HOME ACTIVITIES IN RELATION TO CHILD DEVELOPMENT

In considering the home itself, the management and direction of its expenditures and activities play an important part in the development and education of the children. Wise direction of money income and available labor increase the enjoyment of real values in living. Family discussion of the family budget and the wise use of time in the household develop cooperation and family solidarity and become a means of teaching fundamental economic and social values.

Standards have been set up on the basis of the best present knowledge, to help guide the expenditures for the main essentials of living: namely, shelter, food, and clothing. It is difficult to set up the actual amounts required in any very definite terms. An effort has been made to determine the minimum expenditures to provide adequately for children. These vary in different localities and with different family circumstances.

Under the divisions—the neighborhood, the lot, the exterior, the interior (room by room) and, finally, the fundamental equipment of the house—optimum standards for dwellings have been formulated which not only make possible proper physical care with the least expenditure of effort, but also aid in the educational and recreational development of the child.

Food is a basic physical need. Definite figures can be set up for the cost of food. We know the relative amounts of food consumed by children in relation to adults. We know the food groups from which selection should be made in order to provide basic nutriment for children. We appreciate the importance of flavor, palatable preparation, and attractive service in pleasing surroundings. Whether the mother cooks it or not is unimportant, provided she is in close enough contact with the producer to know the quality and composition. It is not even essential that it be cooked in the home. More important, from the point of view of family integrity, is the service of the food. The family dining-table furnishes a means of recreation and a bringing of the family together which unquestionably may have an important influence on family life.

Standards for clothing expenditures have been more difficult to establish, since less real information is available. Clothing is not so definitely related to health, although we are coming to realize that there are relationships here which have not been worked out and these need serious study.

Health, recreation, and certain aspects of education are closely tied up with the expenditures for basic needs for shelter, food, and clothing. A certain amount should be laid aside for the necessary payment to health agencies for the general supervision and for the occasional care which are necessary. Family recreation contributes to family solidarity. Education should be provided for up to the limits the child needs and the family can provide. Here again we find great variation and should approach the subject with care.

The extent to which home activities should be retained in the home must be determined by the amount of household labor available, uses of time released from household activity, and availability, quality, and economy of such outside service. Unquestionably, too much significance has been attached to keeping in the home some of the traditional activities. Many women make their best economic contribu-

tion in housekeeping and find in it the best means of self-expression. But if a woman can earn enough outside to pay for the goods or services she would produce in the home and get more enjoyment in this outside work she is better able to carry out her home-making responsibility to the family. Many mothers are better home-makers if not held on the job twenty-four hours a day. No woman can carry full-time both the housekeeping and an outside job. There is need of developing further housekeeping services to the home, and of study of the jobs for women to see how they can be adjusted in total time and hours to interfere least with home-making.

Home activities have been looked upon as a means of educating children in the home. While giving the child actual jobs to do does develop independence, cooperation, and a feeling of accomplishment, as well as a certain amount of vocational competency, the extent to which activities need to be kept in the home for this purpose is a matter which may be seriously considered.

EDUCATION FOR FAMILY LIFE

The surest means of meeting social maladjustment is by education. The very fact that there is, at present, a conflict between family tradition and active social and economic forces is an indictment of our education in the immediate past. It has either not kept up with the times in furthering adjustment to changing conditions, or it has not provided the insight necessary for resistance to the operation of inimical forces.

As industrialism and efficiency are carried over into education, it is important that vocational competency should not be stressed to the neglect of education for living. There is need of widespread teaching of ethics and human values, of training in artistic appreciation and creative expression, in the use of time, in the art of living, and in human relation-

ships. Such training would shift our sense of values, provide for profitable use of leisure time, and add to human happiness.

In addition, guidance and specific instruction should be provided in preparation for family life, ultimate marriage and parenthood, and specific training in mental hygiene and human behavior for all those individuals who touch the home or the child in a professional capacity. The need for such training is gradually being recognized and courses are already being provided in various professional schools. Such an educational program to be effective would have to be carried on over a long period of time, and there would perhaps always be necessity for supplementary training for parents to help them meet the actual problems of child rearing as they arise.

From the point of view of the sociologists a definite challenge is given: "Is the time not ripe to lay the foundations of a new and separate science of the family?" The present trend in the evolution of home economics would seem to indicate its possibility. Beginning with the application of science to the technology of the arts of the household as they related to food, clothing, and shelter, in the science of home economics it has been found that after all the home could not be made satisfactory, however good its material conditions, without a knowledge of the child, and unless the psychology of the child was given a place in its field of knowledge. Finally, when child guidance was attempted, it was found that the child's behavior is chiefly conditioned by his life in the subtle complex of personal relations which we call the family. Knowledge of the family and of its intricacies and relations has become the central problem in a scientific study of the home. Home economics education should play a significant rôle in lifting the level of family living through furnishing information to direct family consumption, and knowledge and skills for the management of the surviving household activities. And it has a special chal-

lenge to develop the individual to see these activities not as ends in themselves but in relation to the promotion of wholesome family life.

PARENTAL EDUCATION

Parent education is a means by which all the problems facing family life are brought into conscious consideration, traditions are evaluated in the light of present-day living, and new techniques and methods of adjustment are evolved.

While preschool laboratories, nursery schools and clinics have been analyzing the problems of parents and the needs of children, various educational organizations and institutions have been developing facilities for making this information available to parents through organization of parent study groups, conferences, lectures, radio talks, and a vast amount of popular literature. The projects were developed under many different types of institutions and agencies. National programs were developed by various national organizations. State-wide programs were inaugurated in state universities and departments of education. Cities developed their own local programs to provide facilities for the education of parents. The National Council of Parent Education was organized for the purpose of coördinating and exercising leadership in the field.

Heredity, problems arising in the social and educational development of the child, his health, special problems of behavior, home management, religious education, and vocational guidance are the topics most frequently discussed by parent study groups. The informal discussions which characterized the early study groups still play a conspicuous part in the modern parent education movement. In addition to these, there have been recently a large number of lectures and round-tables on special topics given in connection with schools for parents, parent institutes, and conferences. The radio is also being used increasingly.

Child guidance clinics and consultation centers are ap-

preciating the necessity of working with the parent as well as with the child in bringing about a satisfactory readjustment. In addition, various agencies in related fields, churches, religious and lay educational organizations, juvenile courts, children's aid societies, community centers, health clinics, and such home visiting agents as the visiting nurse, the family social worker, and the visiting teacher, are educating parents informally as part of their work of education, prevention, adjustment, and rehabilitation.

RECOMMENDATIONS

Further research is important in the field of the family. Only on the basis of research can an adequate science of the family be established, and the problems of marital and parent-child relationships be treated. One specific research recommendation, growing out of the studies of this Committee, is that provision be made for standardizing those scales for family relationships and home atmosphere tentatively formulated for the White House Conference.

Further research is needed on the social and economic factors affecting family life today. The relation of these factors to the family is worthy of the same careful consideration that has been given to the conditions of production in relation to industry and commerce.

Institutions or research centers to study family relationships and processes of family life, as well as the economic and social factors operating upon the family today, should be established.

Family consultation centers should be established with a staff composed of specialists in home economics, housing, social work, law, psychiatry, psychology, and sociology. These centers should be prepared to give advice and information on the different problems of family life.

Special attention should be paid to Italians, Mexicans, and other immigrant groups, who come into the cities from rural backgrounds and who need help in adjusting themselves to the conditions of American urban life.

Special attention should also be paid to the Negro family in order that it may attain that economic security necessary for stable family life, and may be assisted to the attainment of high ideals of family life.

Instruction should be provided by schools and colleges to further the satisfactions of intelligent participation in family life and to prepare for courtship, marriage, and parenthood.

In view of the responsibilities and obligations being laid upon the family as the primary agency for child health and protection, as revealed by the recommendations of the various sub-committees of the White House Conference, this Committee strongly recommends that various educational associations and organizations and the educational departments of the different states be requested to study the possibilities for organizing parent education as part of the systems of public instruction, and that the professional groups and organizations concerned with children also be asked to study their opportunities and obligations for parent education.

THE INFANT AND PRESCHOOL CHILD

SECTION III—COMMITTEE B

JOHN E. ANDERSON, PH.D., *Chairman*

IN the year 1930, there were, within the United States, 16,000,000 children under the age of six. These children, constituting almost 13.5 per cent of the entire population of the country, in a short time will be found in our schools and a little later, as adults, will take their places as citizens.

Young children, because they are inarticulate, have made no demands upon society; their parents, under an unfortunate tradition that the care of young children is simple, automatic, and unimportant, have likewise been inarticulate. Hence in earlier civilizations and in previous periods of our history, the young child received little attention either from the point of view of health, care or from that of education and training. In recent years, however, a great interest in the young child has developed. This is partly due to the increasing realization of the tremendous importance of the early years in relation to physical disease and health, and partly to the realization of the significance of this period to later mental adjustment and health. There is still, however, no widespread recognition on the part of either public or private agencies of the difficulties which face the parents of young children who, mindful of their responsibilities, seek assistance; and little of our formal education, whether in

school or college, pays any attention to the fact that pupils and students will sometime be parents and have the responsibility for the care and guidance of young children.

When children at the age of six or seven enter school, they become accessible in large numbers in institutions established for their care. But the young child, in the majority of cases found in the home, is relatively inaccessible, and his education and training devolve not upon individuals who are responsible to established agencies in society, but directly upon his parents.

Therefore two main projects were undertaken in this report—the first the study of the young child in institutions which carry on an educational training program; the second a study, through interviews secured all over the country, of the life of the young child in the home.

SURVEY OF INSTITUTIONS FOR THE EDUCATION AND TRAINING OF YOUNG CHILDREN

In its survey of these institutions, the inquiries dealt primarily with day nurseries, nursery schools, and kindergartens, since these were the institutions most likely to have an educational policy. Three methods of obtaining data were utilized: first, a brief inquiry or questionnaire was sent to every institution of which the Committee could obtain any record; second, on the basis of the first reply, a much more detailed inquiry was sent to institutions selected as typical of the whole group on the basis of geographical location, size, purpose, and auspices; third, a number of fairly accessible institutions, again selected as typical, were visited by a technical assistant.

As a result of these inquiries data are available on 1,275 institutions in which a total of 49,358 children were enrolled on March 1, 1929. Five types of institutions emerge from these studies:

Day nurseries
Relief nursery school with or without kindergarten
Nursery school
Nursery school in combination with a kindergarten or with a kindergarten and primary school
Independent kindergarten or kindergarten in conjunction with a primary school (not connected with public schools)

Of these types, the first two exist primarily for the relief of unsatisfactory or unwholesome conditions in the home; and the last three, for the education and training of young children. The first two also have an educational function.

Results. Institutions for the education and training of young children are found in urban rather than in rural districts. Institutions of the relief type such as the day nursery generally have a full-day session while those which stress education are more likely to have a half-day session. The chief sources of support for the relief institutions is to be found in community funds, private funds, subscriptions, tuition, and funds from religious organizations; for the educational institutions, in private funds, tuition, and university or college funds.

Studies of the physical plant in all types of institutions reveal high standards of cleanliness, fair sanitary provisions, rather inadequate outdoor playground space, and an important but not solved problem with reference to fire protection. The personnel in the relief type of institution is of lower academic attainment, and carries a heavier load than does the personnel of the educational institution. The medical supervision of young children in groups presents a serious problem which has been met only partially by a daily inspection of the children by nurse or teacher. Medical records are generally inadequate.

A study of the educational program shows a smaller variety of play and educational apparatus in institutions of

the relief type. In general, the relief institution is more apt to emphasize routine and basic habits, whereas the educational institution emphasizes training in social attitudes, language, and music and rhythm.

No clean-cut procedure with reference to health education is found. Although there is a division of opinion as to whether such instruction should be given informally or set up as a regular part of the program, there is a realization of the importance of the early period for the establishment of basic health and adjustment habits. Emphasis, however, is placed largely on direct training in basic habits rather than upon health education as a distinct discipline. Many of the relief institutions, under the influence of the educational institutions which have lately come into the field of the young child, are developing an educational policy and are showing a healthy tendency toward a broader conception of the possibilities of work with young children.

SURVEY OF THE EDUCATION AND TRAINING OF THE YOUNG CHILD IN THE HOME

On the basis of an interview with the mother, a worker filled out a blank concerning the family and then filled out an appropriate blank for each child in the family. As a result data are available on 2,757 families and 3,520 children, exclusive of infants under one year, of which there are 800. Only material on the four-year-old child is included in this report. The final report covers all ages from birth to six years. The geographical location of the children studied and their distribution by size of community shows that they come from every region of the country in fair proportions. A distribution by socio-economic status shows every social and economic class well represented.

The Committee does not wish to give the impression that it feels that this is an absolutely adequate sample of the children in the United States, but to emphasize the fact that

as much care was taken in the selection of the sample as could have been taken under the circumstances under which the Committee worked, and to point out that no existing study approaches this one with reference to the number of children studied, to the extent of the information gathered, or even to the completeness of the sample.

Summary. The results of the investigations show that the typical family of the young child consists of a father and mother who are in their thirties. Usually no persons, other than the family of father, mother, and other children, are found in the home. The mother and father are rarely ill. Both parents are likely to have had a grammar school education with some additional work in high school. The mother is not likely to be employed outside the home. In the house there are about six different types of toys, and in the yard at least one permanent piece of play material. The family lives within three-fourths of a mile of a playground. In the home are found from twenty-five to one hundred books. The chances are about fifty-fifty that the parents read one book on child care a year, which they own rather than secure from a library. It is somewhat more probable that they read a pamphlet on child care. The mother is very likely to read articles on child care in both newspapers or magazines and the father also pays some attention to them. It is not probable that they take a child-care magazine. While it is not likely that they listen to talks on child care over the radio, or attend a study group, or parent-teacher association, there is much greater probability of the mother's doing this than the father's. It is unlikely that they have had contact with a social agency, clinic, or even a public health nurse.

The picture of the four-year-old as obtained from these data is as follows: He is not likely to be weighed regularly, usually sleeps eleven and one-half hours out of the twenty-four, in a room with some other person, but in a bed of his own. He drinks from one and a half to two and a half pints of milk a day, and is likely to have a fairly adequate but

not a perfect diet—the adequacy of his diet depending in part on the economic status of his parents. The chances are about even that he has cod-liver oil in the winter, while it is almost certain that he does not have it in the summer. His meals are served at a regular hour at a table that is set, and he occasionally eats between meals.

His undergarments are changed twice a week, his suits or dresses daily, and he has a sleeping garment. During the summer he has a daily bath and during the winter two a week. He has acquired bowel and bladder control both during the day and night. He owns a toothbrush and uses it. He does not dress himself completely as yet. There is very little chance that he sucks his thumb or that he stutters. He has had at least one complete medical examination, usually within the preceding year, and by the family physician. The chances are:

1 out of 3 that he has been inoculated for diphtheria
1 out of 4 that he has been vaccinated for smallpox
2 out of 5 that he has had whooping-cough
1 out of 3 that he has had measles
1 out of 3 that he has had chicken-pox
1 out of 10 that he has had mumps
1 out of 20 that he has had scarlet fever
1 out of 40 that he has had pneumonia

Usually he is not troubled with colds and coughs. The chances are exceedingly slight that he is not punished, and there is somewhat more probability of punishment by the mother than by the father. He probably gets one to four spankings a month. In controlling him, the parents, in addition to occasional spankings, scold or reason with him, rather than compare him unfavorably with another child, or put him to bed, or in a corner. The chances are about even that the child has a definite fear. If he has, the parents attempt to explain the situation to the child, rather than to soothe or divert him. He is likely neither to have a favorite

in the household, nor to show jealousy. The chances are even that he has a favorite story or book. It is his mother rather than his father who reads to him or tells stories. He can count a little, knows rhymes, songs, and prayers, but has not learned the alphabet. He has shown little curiosity about the origin of babies. He tends to be restricted to his home yard in his play and probably plays with other children both at home and elsewhere. Usually he plays outdoors from five to eight hours during the day, either in his own or neighbors' yards. The chances are even that he has attended the movies, going once or twice a month.

When details of care are considered, these studies on the life of the child in the home reveal a higher standard of practice than was anticipated. Further, there is considerable evidence in the data that the level of practice is related both to the socio-economic level of the family and to the education and background of the parents. There is little or no evidence of its relation to geographical location or to size of community.

On the basis of its studies and the meeting of the Committee at the Washington Conference, the Committee submits the following recommendations, which are here presented in briefer form than that in which they were adopted.*

GENERAL FINDINGS AND RECOMMENDATIONS

Since the training of the young child for health is a function that involves his entire handling, rather than the giving of formal instruction, no separation can be made of health education and general care and training. The outstanding problem of this period is the establishment of basic habits of physical care and of attitudes and adjustments toward

* In addition to these recommendations the Committee adopted a resolution that the chairman outline in very brief form, on the basis of the data in the final report and such other material as is available, the minimum essentials of a home educational program for young children.

objects and persons. Since the physical and mental health of later years is built on the foundations of the early years, the widest possible recognition should be accorded to this important period.

This recognition involves, first of all, effective research in a number of scientific fields over a wide area in order to establish standards of development and accomplishment, and to determine the possibilities and limitations of the developmental period.

Secondly, it involves the organization of methods for bringing knowledge of the development of the child and of methods for his care and training to those individuals in society who are directly responsible for him. In the preschool period, these are not primarily persons connected with institutions—nurses, teachers, or specialists—but are the parents of the children. No forward-looking program for the education and training of the infant and young child can neglect this fundamental fact. Therefore, while use should be made of institutional workers—nurses, teachers, and other specialists—the solution lies in a broadly conceived program of parental education. On the one hand, this program should utilize the facilities now existing for preparing young people in advance to meet the responsibilities of parenthood. On the other hand, through the cooperation of governmental agencies, educational institutions, and welfare organizations, it should build up methods for the education of parents who are actually engaged in the care and training of children.

Institutions for Young Children. In institutions for young children, regardless of type, the problem of effective health supervision is of great importance. The bringing together of children in groups during the period in which there is greater susceptibility to infection increases the danger of contagion and puts a heavy responsibility on those in charge. Every institution established for the education and training of young children should have available, either directly on

its staff or through cooperation with some other agency, a physician qualified in the medical care of children.

Through the medical service thus developed, provision should be made for an inspection of the children at the time of their first coming each day, and for isolating or sending home children who are ill or show symptoms of becoming ill. Preferably this inspection should be given by a nurse under the supervision of a physician. It should never be considered a mere formality.

Through the activities of the various governmental organizations and through existing federations of institutions, standards of care and of training for institutions should be developed.

Obviously the success of any effective program for education and training is dependent upon the previous training, the professional spirit, and the technique which the personnel have acquired. All institutions undertaking work with young children should give particular attention to the level of training of the persons who are to have the responsibility for the children. At the present time standards are fairly high in nursery schools and are rather low in day nurseries and institutions of the relief type. Any marked future development of the educational possibilities of these institutions must come through the intelligence, interest, and effective utilization of resources by the persons in direct contact with children. With the development of small private nursery schools and kindergartens, independent of educational organizations, a similar problem will arise and must be faced by those most interested in the development of sound practice. While the day will come when the qualifications for teachers in institutions undertaking educational functions with young children will receive public supervision, nevertheless at present, it is unlikely that as much progress will be made by legislation as by the dissemination of information and the education of those responsible for the work.

At the present time, problems of legislation with respect

to minimum space requirements, sanitary equipment, and the care of children in emergencies are arising in communities faced with the appearance of institutions for young children.

One of the most important problems in the entire field is that of adequate fire protection both in the way of physical appliances and in the procedure to be followed by staff and children when an emergency arises.

As one of the specific steps in the development of an adequate educational program in institutions of this sort, the improvement of the system of records which are kept of individual children, of medical examinations, of diets, and of all the other procedures of the institution is strongly recommended.

SPECIFIC FINDINGS AND RECOMMENDATIONS

Day Nurseries. The chief problems in the day nursery field which require attention in any consideration of the effective utilization of the institutions for health education and training are: first, the heavy load of the teachers or matrons with respect both to the number of hours of service given a week and the number of children handled by the individual teacher or matron; and secondly, the inadequate equipment and play space. Apparently a number of day nurseries, becoming aware of the possibilities of an educational program, are modifying their own activities in the direction of the nursery school program. They are reducing the load on the staff, providing more equipment, and attempting to develop an educational policy. Any specific aid in the way of suggestion, advice or planning, and any other possible assistance that can be given to the day nursery as a means to this end should be encouraged. At the present time, the day nurseries as a group seem to be more aware than ever before of the problem, and are in a healthy state of transition to a program more clearly defined in terms

of the objectives of physical and mental health. The Committee points to the development of the relief nursery school, revealed in its studies to be a rather distinct type of institution, as the most promising tendency in this field. Similar provision indicating a higher level of practice is being made for older children.

Nursery Schools. Inasmuch as the nursery school is a relatively new institution and exists in a variety of forms, any attempts to standardize it would be premature at the present time. The nursery school movement is not a fad but represents an effort to meet new social conditions characteristic of modern life. Among these are the employment of mothers, apartment house living, small families, and the relative isolation of individual children. Ventures in nursery school education should be encouraged and it is hoped that out of the social experimentation now going forward, there will arise a more adequate realization of the physical, mental, and social needs of young children.

Kindergartens. It is probable that many private kindergartens exist because of the lack of adequate kindergarten facilities in public school systems. Only one-fourth of the children between five and six years in the United States are enrolled in kindergartens. The Committee endorses heartily any public or private effort to make state and municipal organizations aware of the importance of the kindergarten, and to facilitate its development as a part of the public school systems.

Children of Women in Correctional Institutions. The care and training of young children cannot be advantageously carried on in correctional institutions. If possible, children should be removed from such institutions prior to the age of eighteen months. If this is not possible, a specific program for their care should be developed under competent and trained personnel.

Children in Public and Semi-public Places. A wider recognition of the importance of making special provisions for

young children in institutions and organizations of a public and semi-public nature is urged. Sand boxes, climbing apparatus, swings, and other devices of type and size adapted to young children should be found in public playgrounds. In other recreation places such as camps, public beaches, and community gardens, adequate facilities for infants and young children should be provided. Hotels and steamship lines should provide space and equipment for the care of young children and, if the number of children using the facilities warrants, a supervisor trained in the care of children. Railroads, hotels, and steamship lines should plan special menus for children.

Children who grow up in modern apartment houses with small indoor space and without outdoor play facilities present one of our most serious problems. In order to meet this need, some of the progressive owners of apartment houses have installed play rooms and playground facilities; in several cases, nursery schools have been set up within the buildings.

The frequency of accidents occurring to young children left alone in homes and apartments suggests the need of public planning and provision for occasional and short-time care of children.

The Rural Child. At the present time no adequate consideration is being given to the needs of the young child in rural areas. It is hoped that analysis of the data which have been collected will assist in formulating a program for the education and training of the young rural child. Emphasis is placed on the importance of further investigation and the need of parental education in this field.

Consultation Centers. Another important agency for the education and training of the young child is the consultation center which appears in various forms, for example: habit clinics, behavior clinics, and guidance nurseries. Many more than now exist are needed to supplement general programs of parent education, in order that parents may secure the

help of trained specialists on the behavior and personality problems of preschool children. Present programs for the physical care of the young child should be augmented by programs of this type.

The Young Child in the Home. A broadly conceived program of pre-parental and parental education seems to be the most effective means of modifying the education and training of the young child in the home. While studies reveal a wide variation in home practices—when one considers them in detail—they are nevertheless encouraging in that they indicate that standards of care of the young child in the American home are better than had been anticipated. On the other hand, these studies indicate that provision for physical care is on a somewhat more effective level than that for mental and social adjustment. Improvement in the home education and training of young children will come through a program of parental education which views the parent as a teacher as well as a parent and which is adapted to the level of the parent.

The study of normal young children, in all aspects of their living, should be undertaken on a wide scale as a first step in the development of a program for the child in the home. In the past, the approach to the problems for the young child has too often been from arm-chair theorizing and too infrequently from concrete studies of the lives of young children.

The Committee suggests consideration of the advisability of developing, through the cooperation of the Federal Government and the states, a series of organizations which will carry on simultaneously both a research and parental education function. This type of organization which has already been tried with considerable success in the agricultural experiment station and extension service might also be effective in solving the problems of parent and child.

In conclusion the Committee wishes to express its conviction that the period of early childhood is of great importance

in the development of the individual and in the preparation of the future citizen, and wishes to urge upon the entire Conference and upon the American public which it represents, the most serious consideration of the needs and possibilities of a program for the well-being and protection of the young child.

THE SCHOOL CHILD

SECTION III—COMMITTEE C

THOMAS D. WOOD, M.D., *Chairman*

THE first cardinal principle in education and training for a democratic society is that each individual child should develop to his highest possible level of attainment. This calls for the opposite of the lock-step in education. It demands full recognition of the individual differences among children." * Each child must be considered as a unit—mind, soul, and body. The child must be seen as a whole, sent to school as a whole, trained in school as a whole, and sent out from school as a whole with the best that education can give him that he may be more adequately equipped to live abundantly in service and satisfaction.

THE MINIMUM ESSENTIALS OF A COMPREHENSIVE SCHOOL HEALTH PROGRAM

"The school is the embodiment of the most profound faith of the American people, a faith that if the rising generation can but be sufficiently educated, the ills of society will disappear. The constantly lengthening period of school attendance, the constantly enlarging contributions of money for the maintenance of the school, the rising standards of

* From address of Chairman, Section III, F. J. Kelly, Ph.D., University of Chicago.

preparation of the teachers, the rapid increase in parent-teacher associations, these and many other evidences attest the faith of the people in their schools. Whatever is necessary to enable the school to function better, the people will provide." *

On the whole, the school has met and is meeting the demands for adjustment rapidly. However, the extraordinary rate of change in the structure of society in recent decades has been such that only in exceptional places have the schools been able to keep pace.

"From the point of view of child health and protection, the following are among the essential requirements needed to bring the schools into a place of effective service in the education and training of the child of today:

> "When school buildings are built or rebuilt, and when equipment is procured there should be rigid adherence to well-recognized standards of sanitation and health.
>
> "In the development of school programs, increasing recognition should be given to the education of young children through kindergartens and nursery schools.
>
> "Programs of teacher training should assure the teacher's understanding of the child's physical make-up and of his personality development as well as of his intellectual needs.
>
> "A school health service, city-wide or county-wide, is an essential part of every school organization. In this service, parents, teachers, school authorities, and health specialists should join forces in devising a unified program that will assure the full safeguards of immunization, the early detection and exclusion of contagious cases, the discovery and correction of remediable defects of body and mind in all the children regardless of their economic status. But above all, the health program should systematically promote such a regimen of life—diet, sleep, work, and play—as will contribute most to the full mental and physical vigor of every child.
>
> "The school must provide health education and training of all children. This involves instruction in personal, home, and com-

* From address of Chairman, Section III, F. J. Kelly, Ph.D., University of Chicago.

munity hygiene; in safety; in mental hygiene; in social hygiene, including sex; and in the preparation for potential parenthood. In this whole program of health education, the active cooperation of the parents is fundamental." *

THE SCHOOL PLANT

From the point of view of child health and protection, one of the first essentials is a sanitary and healthful school plant, located, constructed, equipped, and operated according to scientific health principles, with provisions for:

Adequate protection against fire and other life and health hazards.

Healthful air conditions secured by effective heating and ventilation.

Both natural and artificial lighting to prevent eye strain or development of defective vision.

Equipment—particularly chairs and tables—constructed and adjusted to meet the individual health needs of children.

Playfields and gymnasiums of adequate size, the latter properly equipped with showers, lockers, and dressing-rooms.

Sanitary provisions for drinking water, toilet, and hand-washing facilities.

Janitorial service, judged primarily for quality of constructive contribution to the health of pupils and teachers, practical service, and personal influence.

THE SCHOOL PROGRAM

"No system of education and training is complete, however, if it merely provides teachers and buildings where children may be assembled forty in a room to be taught by whatever methods and whatever curriculum may be devised as best for the theoretically average child. There is no such child." * We must not only have the child-centered cur-

* From address of Chairman, Section III, F. J. Kelly, Ph.D., University of Chicago.

riculum, but no two of our forty children can be assumed to need the same curriculum, nor to be handled in the same way.

The school program must be arranged to protect and improve the physical, mental, and emotional health of every child and to preserve that most sacred thing to every child—his personality—and allow him the fullest opportunity to develop his best self. Such a goal involves:

> Programs and methods of instruction which cause neither diminishing efficiency nor accumulation of fatigue on the part of the child from day to day and month to month.
>
> A progressive educational policy which provides an educationally and healthfully sound and complete program throughout the entire year, including the long summer vacation, which has become a major problem in child education. Rightly directed the vacation becomes an asset; but wrongly managed or neglected, a serious detriment to child health and development. Every school should assume leadership in securing for the child during the summer vacation, opportunities for healthful and creative activities.
>
> The hygiene of instruction and school management requires that all factors that affect the health of the child must be carefully considered and controlled. This means that:
>
>> The length of the school day, the arrangement of studies, the frequency, length, and supervision of recesses must be carefully adjusted. Home study should be eliminated in the first six grades, and if included in high school, should be adjusted with care.
>>
>> In forming classes in school, among the factors to be considered in the interests of adequate adjustment are pupil abilities, social maturity, and the like. When children are grouped without regard to the ability of individuals to undertake successfully their part in the common activities or the tasks assigned, certain forms of maladjustment may result. On the other hand, maladjustments of a different sort are liable to occur when children feel that they are in groups which are stigmatized as superior or inferior. The best resolution of these conflicting forces has yet to be agreed upon.

Healthful programs of instruction must emphasize:

The use of sound motives to encourage and stimulate each pupil to do his best.

Minimizing or eliminating forms of competition which tend to foster feelings of inadequacy and inferiority in the vanquished, or feelings of superiority and triumph in the winner.

Tests and examinations which help pupils to understand themselves better and which enable teachers to improve the efficiency of methods of study and instruction.

Discipline which, while respecting the personality of the child, helps him to recognize his own conflicting desires and to substitute socially valuable behavior for undesirable wishes and acts.

Opportunities in classrooms and in extra-curricular programs for learning habits of wholesome social adjustment and good human relationships.

Above all else, the teacher who in personality and influence creates an atmosphere and guides a program favorable to freedom, self-control, sympathy, encouragement, cheerfulness, earnestness, and happiness, all of which are important factors in promoting complete health.

ADEQUATE HEALTH SERVICE

The school health service should do nothing for the child that can be done effectively by the family, unless it is something done primarily to educate the child or his parents. Remedial and curative work should be left largely to the family, for, while the promotion of health is one of the cardinal objectives of the school program, no service should be performed that takes away the fundamental privilege or responsibility of the home in relation to its children.

Under existing conditions an adequate health service should include the following:

The Summer Round-up
Periodic Health Examination
Daily Health Inspection
Weighing

Immunization
Follow-up Work
Dental Care
The School Lunch
Guidance Program

The Summer Round-up. The summer round-up provides for the examination early in the spring of those preschool children about to enter school in the following autumn, notifying the parent of the defects discovered, follow-up work to secure correction of defects, and a second examination in the early fall. This work, which has already proved successful, should be integrated with the school health program as rapidly as possible.

Periodic Health Examination. Each school pupil should have a periodic health examination or inspection. When a health examination by a physician is not possible, the classroom teacher or the school nurse should, by observation or inspection, select for further examination those pupils most obviously showing health defects. The health examination should be made by the family physician or school physician and the parent should be present if possible. The teeth should be examined by a dentist or dental hygienist. The psychology of preparing the child for the examination is important.

Daily Health Inspection. There should be a daily health inspection of all pupils in order to prevent and control communicable disease. Pupils showing recognized signs of health disturbance should be excluded from school. Readmittance after a communicable disease should be only upon the advice of a physician or school nurse. In most rural schools and in many others without adequate medical service, the teacher will of necessity have to use her judgment as to readmission or requirement of a physician's certificate.

Weighing. Weighing of pupils is important not as a scientifically dependable index of nutrition, but as a valuable measure of growth and development.

Immunization. Immunization against smallpox and diphtheria is the responsibility of the parents and is primarily a preschool problem. However, it should be required by board of health and school regulation. Entrance to junior high school is the time for re-vaccination against smallpox. The school should teach the value of immunization.

Follow-up Work. The function of the school medical service is not primarily to make diagnoses nor to give treatment, but to assist the school in its work of education and to refer to parents and family physicians children with remediable defects. It is the responsibility of the parents to have defects corrected. It is the duty of the school to encourage and urge the parents to do this, and to help the parents to find and use the community agencies organized for this purpose, when there is no family physician. Where there are no clinical facilities available it may be appropriate and desirable for the school to make emergency and temporary provisions for treatment until the community provides such facilities, rather than to allow the health of the children to suffer. In general, the extent of curative or remedial treatment in the schools should be determined in accordance with the criterion that all health work in school should be educational in character.

Dental Care. The need of dental care for children of school age is almost universal. It is the function of the school, through the school health service, to reveal the dental defects and needs of the children, to encourage the correction of all of the remediable dental defects, and to include education in the care of the teeth in the general program of health education. Probably the most effective time for presenting facts and motives for improved mouth hygiene to the child is when he is in the dental chair having prophylactic

or remedial treatment. Many schools maintain dental clinics, not fundamentally for correcting defects, but for the primary purpose of educating the child in mouth hygiene.

The School Lunch. The school should feel obligated to provide a lunch at school whenever the distance is too great for the children to go home at noon, or when they would not receive a suitable meal if they went home. The control of the school lunch should be entirely in the hands of school authorities. The cost should be within the reach of practically all children. Indigent pupils should have the opportunity to render service in return for their lunches, or should be otherwise provided for by the school. The school lunch presents an especially favorable life situation for practical health instruction in relation to nutrition and good habits. Suspicion of malnutrition or under-nourishment should be checked or confirmed by a physician—not by variation of the child's weight from an average, often miscalled a norm or standard. Individual attention in ways educationally sound should be given to improvement of the child's food and other health habits.

Guidance Program. Every school should have a guidance program under the supervision of a trained psychological counselor. This program should include not only educational and vocational guidance, but should conduct, as essential thereto, periodic mental, behavior, and personality surveys by group methods; make intensive individual studies, and provide remedial retraining of problem children. Problem children whose difficulties require medical care and treatment should be referred to a medical specialist.

ADEQUATE HEALTH CURRICULUM

Every activity in the school program has its health implications. While the possibilities of making definite contributions are greater in some activities than in others, every subject of the curriculum should contribute to the health

education of the child. Guiding the child in healthful living should be a major responsibility of every classroom teacher, who should be responsible also for giving children necessary instruction under such administrative organization and supervisory guidance as will insure the integration of health education with all aspects of school life.

Recent trends in health education place emphasis on health behavior as the main goal of health teaching. Practice rather than theory should be emphasized in the training and instruction of children of elementary school age. There is cause for grave doubt as to whether most devices enlist either a desirable or lasting child interest. The child should be led to find satisfaction in his own activities rather than in inducements provided through point systems, prizes, or awards.

In the secondary school all subjects should contribute to health instruction. In addition a special course available to all pupils should be offered. Pupils leaving high school should have knowledge of the structure and function of the human body, the biology of reproduction; knowledge and skills which will enable them to cooperate in the reduction of accidents; knowledge and skill in first aid; knowledge of the effects of tobacco, alcohol and other narcotics, and patent medicines on the individual human organism and on society; freedom from superstitions concerning health and disease; respect for the scientific method as it applies to health; and a specific knowledge of their own assets and liabilities in health equipment. In addition, it is important that they understand and appreciate the principles of mental hygiene.

Safety education, social hygiene, and nutrition teaching should be considered a part of health education.

Safety Education. Figures compiled during the last seven years, which is about the period during which intensive work in safety education has been carried on in the schools, show that while adult accident mortality has increased 32 per cent, the accident mortality of children has remained stationary in spite of the increased population. The complete concept

of safety should include "safety for" as well as "safety from." Being safe is in reality a substitutional process. Certain dangers are to be cut out of life only in order to make room for other adventures and dangers. This twofold aspect of safety makes it clear that the good adventure and the intelligent facing of danger therein is as much a part of the safety problem as the avoidance of poor adventure.

Social Hygiene. The objectives of the educational program of social hygiene are: to secure an understanding of sex in life, necessary for sound personal and social adjustment; to promote wholesome, scientific attitudes towards matters of sex; to establish a high, constructively motivating ideal of marriage and family life; to foster knowledge and practice of personal sex hygiene, including knowledge of venereal diseases; and, to secure acceptance of responsibility for a high standard of sex conduct. To accomplish the objectives of social hygiene education it is essential that the child receive instruction not only through existing courses in the school curriculum, but also in the home from infancy to adult life. The home has the chief responsibility for direct sex education. Since many parents are not capable of giving the child scientific knowledge and interpretation, they should prepare themselves for this important guidance and instruction by attendance at parent study groups or extension courses.

Nutrition Teaching. Nutrition teaching should be included in the health education program in every school grade. This instruction should be given to all children, boys as well as girls, well-nourished as well as malnourished. In the grades, especially the lower ones, the instruction in nutrition should be given largely by the classroom teacher as a part of the health education program, under efficient supervision and whenever possible with the advice of a trained nutritionist. In the upper grades and in high school, it is desirable that the instruction be given by the nutrition supervisor or other person with adequate nutrition training. The subject

matter taught should be scientifically sound and suited to the age, intelligence, and interest of the children, with the emphasis on its positive rather than on its negative aspects.

Physical Education. A daily minimum of thirty minutes of physical education should be allowed in the school program both in elementary and in secondary schools. In general, the needs of the school child for big brain-muscle activity are not being met; and the important place that physical education occupies in the growth and development of the child needs to be interpreted to school administrators, school boards, and to the general public. Physical education should offer instruction in play, games, rhythmic activities, self-testing activities, and out-of-school activities, such as hiking, camping, and recreational clubs. The trend is away from formal gymnastics to the more natural activities enumerated above. In so far as possible these activities should be selected according to the individual needs, interests, and abilities of the individual, and great care exercised that no harmful strains are placed on the pupil.

ADMINISTRATION AND ORGANIZATION OF SCHOOL HEALTH WORK

"It is useless to set up a school health program unless at the same time adequate provision is made for its administration in the schools." *

In the state, administration in compliance with the laws adopted by the state should provide adequate supervision and guidance of the school health program by a state supervisor, with the assistance of the personnel necessary to insure the fullest possible realization of authorized objectives to be secured under wise interpretation of both the mandatory and the permissive sanctions.

In the local organization, health activities in the school should be under the full control of the board of education,

* From address of W. J. Stoddard, Providence, R. I.

and administered exclusively by educational authorities, with the closest cooperation with other health agencies of the community and state. The health department or division in the school should be headed by an able administrator ranking as a director or assistant superintendent with training and experience in education, and preparation as a school administrator, or by a physician with educational training and experience, or an educator with a degree of doctor of philosophy with a major in health and other related fields.

In the elementary schools, health education should be in charge of the teacher under the sympathetic guidance of an efficient advisor or supervisor of health education, equipped with special and adequate professional training for this complex task.

In secondary schools, the school health committee is one of the important means of coördinating all aspects of health education. Some one person bearing the title of health coördinator, supervisor, or counselor should be designated by the principal to keep in contact with all phases of the health program and to promote it in every way possible.

Personnel

It is important that physicians, nurses, dentists, dental hygienists, and other members of the health service staff in schools should have a sympathy for, and an understanding of, the educational implications of the school health program. If not already included in their preliminary education, a course of training in service should be given to equip them with a reasonable knowledge of the philosophy and procedures of the educational program.

School Physician. The person selected for this position should be a graduate in medicine and should have some training in public health and in education. There should be a school dentist if possible, preferably in full-time service.

School Nurse. The school nurse should have the qualifications of a graduate nurse, with training and experience in public health nursing; she should understand the underlying principles and practices of public health nursing; and should have had experience in applying these principles to school situations. The functions of the school nurse are determined by the objectives of the school program, the personnel of the health service, the preparation of the teachers for health teaching, the needs of the school and the community, and the qualifications of the nurse. If she has equal education, training, and experience, the school nurse should have a rank in the salary schedule equal to that of the teachers. There should be one nurse for approximately 2,000 pupils and one nursing supervisor to eight or ten staff nurses.

Psychologists or Psychological Counselors. One psychologist for every 1,000 to 1,500 pupils in the elementary school and one for every 500 to 600 pupils in the secondary school, preferably to be attached to separate schools rather than to a central office, is a goal toward which to work. The psychologist should have at least two years' graduate training in a school of education.

Visiting Teachers. The visiting teacher should have much of the responsibility ordinarily assigned to an attendance officer. One visiting teacher for every five hundred pupils is a desirable goal.

School Nutritionist. In smaller schools the duties of the school nutritionist can be taken care of by the home economics teacher. If she is to be in charge of the school lunch room, she should be trained in institutional management.

Supervisor of Health Instruction. The supervisor in charge of health instruction should hold a master's degree with a major in health education; should be well trained in the sciences fundamental to health and in modern trends in supervision and curriculum building; and should have had at least three years' experience in classroom teaching.

Health Coördinator or Counselor. The health coördinator or counselor in the high school should be the person on the staff best qualified by natural traits, professional training, and experience for this position.

Classroom Teachers. All teachers should make contributions to health instruction under the guidance of the health education supervisor, counselor, or coördinator. Teachers now in service without specific training for this teaching should receive "in-service" training.

Teacher of Physical Education. The teacher of physical education should hold a degree from a recognized college or university with a major in physical education.

Cost

"If we are to follow the one great principle which runs through this Conference, that of knowing the individual child, and are really going to make our schools, whether they be schools in the ordinary sense of that term or the schools that are known as colleges and universities, meet the need of these changing days, we must have education not along the line of mass production, but on the understanding of the individual child. That means expense—expense in the effort to find the best-trained teachers, the finest teachers in personality and in character; and also expense in finding a sufficient number of teachers of that caliber and with the equipment to give this individual instruction, and also to relieve them from the overstrain of impossible burdens in connection with their work. It is expensive if we think in terms of dollars and cents, but anything else is extravagance if we are thinking in terms of human values, in terms of the child rather than of children in the mass." *

Recent surveys show that, in cities from 10,000 to 100,-

* From address of Helen T. Woolley, Ph.D., Teachers College, Columbia University.

000 population, the cost of the health programs average from $2.50 to $3 for each pupil. A few cities are spending annually from $5 to $8 for each pupil for their health programs. There is justification for the expectation that, in the future, as the complete contribution of the program of school health work is attained, the amount now spent for health work in the schools will be materially increased. Some educators are predicting that 10 per cent of the educational budget will not be considered excessive when the complete program is attained. That primary emphasis be placed upon the fullest practical realization of a comprehensive and satisfactory health program in the schools which will justify the expenditure of all that it costs is of even greater importance than a fixed percentage of the budget.

SURVEYS

The surveys of school systems during the past twenty years indicate that relatively little attention has been given to the school health program while those which have been made indicate a need for: the formulation of more definite standards for health education programs; the development of better instruments for evaluating the several phases of health education; the education of survey workers in the use of these improved "tools"; and the establishment of norms which will end in the more accurate interpretation of the survey findings and in the formulation of proposals and recommendations.

HEALTH NEEDS OF SPECIAL GROUPS OF SCHOOLS

Certain groups of schools report less favorably on their health programs than do city school systems. The outstanding need in these special situations seems to be a keen realization of the educational requirements in these schools and the proper financial support for the program as it is planned.

Rural Schools. Most rural schools suffer from poverty and the isolation of their communities, and need well-trained teachers before their health programs can be fundamentally improved. Consolidated schools should lead to better health programs in rural communities. A traveling service sponsored by the State Department of Education promises much to rural districts, while mobile medical, dental, and mental hygiene clinics have rendered noteworthy service.

Private Schools. It is recommended that in these schools greater emphasis be given to health education, now treated only incidentally; that safety education, now almost wholly disregarded, be included in the program; and that the school program be organized on sound mental hygiene principles.

Parochial Schools. When the health work in parochial schools is under the control of the city or county health board and is paid for by general taxation the children should have the same rights to health services as those of public schools.

Negro Schools. In Negro schools, the process of education is the fundamental practical means of bringing permanent child health improvement. From reports and information available it appears that more than two-thirds of the counties and most of the smaller urban communities in the Southern states do not have effective (scarcely any at all) health programs for Negro school children. This apparent neglect is due almost altogether to lack of public funds, for health officials generally throughout the South are not only willing, but anxious, to develop and carry out better health measures for all Negro children.

Indian Schools. These schools are in serious need of improved personnel and greatly increased financial support.

The Migrant School Child. The child engaged in migratory labor, or the child of parents so engaged, has given rise to a serious problem in child health. This type of child usually loses about two months of school each year and percentages of retardation increase rapidly until at the age of sixteen it is often 100 per cent.

Schools of Porto Rico. Disease, lack of food, and poverty are pressing problems in Porto Rico. A school health program to meet local community needs in Porto Rico cannot be met from the experience and training of any one professional field. Public health, medicine, social service, and education are all concerned with the problem. The advanced training now available for leadership of school health programs does not take into consideration the peculiar problems of Porto Rico, and fails to meet local needs; and in the development of a new and adequate program, special training is needed for directors and leaders. The development of school health programs throughout the Insular school system presents a large problem in the solution of which both the Insular Department of Education and the Insular Department of Health are now cooperating. The limitations of the budget for education and public health in Porto Rico will probably handicap the local development of training facilities. Assistance from qualified agencies in the United States, during the organization and early development of school health programs in Porto Rico, will be necessary in the promotion of effective progress along sound lines.

Schools of Alaska. Larger appropriations are needed for the work of the Alaskan Road Commission, that the schools may be more accessible. Liberal financial support by Congress is of vital importance in order that the school health program may be enlarged.

Schools of the Philippines. School health work has become a prominent part of the general health promotion scheme in the Philippine Islands. The climate, the prevalence of tropical infections and infestations, and the inadequacy of the native dietary make the health needs of the natives especially important, whether by direct ministry to the defective and diseased, or by education through examples of good sanitation and by the teaching of hygiene and public health.

Schools of the Panama Canal Zone. In order to carry out an adequate health program in the schools of the Panama

Canal Zone, there is need for an administrative head of this program. In addition, an increased staff for nursing service, medical service, and physical education is recommended. Play spaces adjacent to the schools are seriously needed.

Schools of Hawaii. The most vital issue in the schools of Hawaii is provision for a Director of Health Education, with special training and experience in this field, to work with principals and teachers and to supervise the nutrition, dental hygiene, physical education, and other phases of the health education program; and to cooperate with outside agencies in promoting a comprehensive health program for children of preschool and school age.

TEACHER PREPARATION

Since the responsibility for vital phases of the health work of the school rests primarily upon the classroom teacher, it is important that teachers be selected for their own physical and mental health, as well as for their training for responsibilities in the health program.

Health in the Normal School Curriculum. Forward movements in the immediate future should include the development of adequate provisions for health education in the teacher-training institutions which are still deficient in this respect; the provision in all teacher-training institutions of substantial background courses, especially in the biological sciences; a larger emphasis upon underlying principles in personal, school, and community hygiene courses, which are too often characterized by a narrow "rule-of-thumb" treatment; and actual participation by students-in-training in the health work of the lower schools, in addition to the observation of such work which is now commonly required.

There are many problems, the importance of which should be emphasized at the present time. One is that of measuring the results of the health programs in the normal schools and

teachers' colleges. Another, depending in part upon the solution of the first, is the experimental determination of the most effective methods of teaching health, both in the lower schools and in the professional schools for teachers. Another, also dependent in part upon the solution of the first, is the continual improvement of the materials of instruction in this field. At the present juncture in the development of health education, adequate provision for research facilities, to make possible an intelligent attack upon these and other problems, is especially important.

The professional schools for teachers will await with keen interest the development of dependable principles, hypotheses, and techniques in the field of mental hygiene. Again the problem is twofold, the mental health of the student must be conserved and promoted, and the student as a prospective teacher must be prepared to conserve and promote the mental health of those who will later come under his or her instruction.

Because of the relative lack of specialized health service in the rural districts, the teacher in the isolated rural school obviously needs a more thorough equipment for the work in health education than does the urban teacher. Every effort should be made to extend for rural teachers the period of preparation (which is now generally much shorter than the period of preparation for urban teachers) to the end that something approaching an adequate preparation for school health work may be provided.

Health in Normal Schools. Health service to normal school students should include a complete health examination, health advice to and supervision of students, correction of remediable health defects, and maintenance of a healthful regimen of living. In the matter of organization, the health program in normal schools should be integrated by the appointment in each school of a director who will have general oversight of all health activities.

COOPERATION

The care and protection of children does not and must not rest entirely upon the shoulders of the parents nor upon the shoulders of the teachers, but must be cooperatively dealt with. The home, the nursery school, the summer round-up activities, the educational departments of the schools, and the community environment, each plays a part in promoting the health of the child. In short, the home, the school, and the community can no longer function as separate entities in the child's life, but as part of the integrated pattern of his environment. The school can no longer make its curriculum independent of the home. The home must be brought into the councils of the school and the school into the councils of the home.

School and Home Cooperation. Cooperation between the home and the school is vitally important in the health program of the school. The school must know the relative economic status, the food supply, dietary customs or prejudices, and in general the extent to which the home is able to provide the facilities for the factors in the health program recommended by the school. An important agency in developing harmonious and understanding relationships between the home and the school is the parent-teacher association. Another effective means for winning the cooperation of the home is the visiting teacher or school nurse, whose duty it is to meet in intimate conference the parents of children in need of special observation and help.

Parents should be responsible for remedial work recommended as a result of the health examination, for training in social hygiene, and for sex instruction. School programs of adult education should include instruction for parents in these as well as other phases of child training. When after-school employment is required of children to supplement the

family income or to secure extra pocket money, this work should be under supervision and regulation; otherwise, it may be detrimental to health. Where home study is assigned, the school should make very clear to the parents their responsibility in the matter.

There is need for parental education in all phases of child training. The school needs the cooperation of the home in order that the parent may understand and appreciate what the school is attempting to do for the child, learn to look to the school for guidance, and maintain an interest in the school throughout the child's school career. The school, on the other hand, if it is to assume and maintain such responsibility must provide itself with capable, wise, and sympathetic leaders.

Community Cooperation. It is essential that the school cooperate with the many agencies that are at work in the community to safeguard the health of children. The school nurse is the natural bond between the health work of the school and public health work of the community. In rural communities the school should join with the Farm Bureau, tuberculosis associations, various public health associations, the Red Cross and child health associations, health sections of women's clubs, fraternal organizations, life insurance companies, and parent-teacher associations, when these are actively engaging in promoting health. While the responsibility for providing a wholesome constructive vacation program is primarily the duty of the school, nevertheless cooperation with community agencies now offering some special contribution to the child's vacation, is essential.

An enlightened public opinion is particularly needed in order to make the health work in schools effective. Until the citizens of the country are fully aware of the importance of safeguarding the health of its children, the schools will be unable to do the most effective work.

LEGISLATION

State legislation affecting the health and protection of children in the schools should be mandatory without being too specific in requiring programs and procedures in the schools, which will insure essentials in health service and supervision for children; adequate provisions for wholesome activities; satisfactory health instruction and training; health certification and supervision of teachers; and making the State Department of Education responsible for carrying out the provisions of the law on a state-wide basis, and the local board of education responsible for local administration of the law. The state law should provide, in enabling acts, legal sanction for progressive school health programs adopted by local communities.

PROBLEMS RECOMMENDED FOR FURTHER STUDY

This committee recommends that study and research, where needed, be applied to the following topics:

Professional training of teachers and administrative and supervisory personnel in school health work.

Professional training of physicians and others who participate in the health service program.

The education "in service" of teachers and other participants in the school health program for improved qualifications for this work.

The migrant school child.

Administrative procedures for health work in schools.

Budget provisions for school health work.

The summer vacation problem.

Problems of mental hygiene.

John Dewey has said, "What the best and wisest parent wants for his own child, that must the community want for all of its children."

RECOMMENDATIONS

In order that the health of the whole child shall be protected and promoted, the Committee on The School Child recommends that:

The home protect and promote the health of the preschool child so that he will enter upon his school life in sound health, free from remediable defects.

School buildings and surroundings be provided which meet recognized standards in construction and equipment, and in their adequate maintenance and operation.

Home and school cooperation in the detection and correction of remediable defects, in the prevention and control of communicable disease, in the program of health instruction conducted by the school, and in all other phases of the school health program.

The school year be so organized that there will be no diminishing efficiency or accumulation of fatigue on the part of the child from day to day or month to month.

The summer vacation period be so utilized as to show the best attainable care of the whole child; and this not only that the children then be best served, but that the experimentation may point the way to a remaking of the school curriculum as well.

The curriculum be built around the interests, needs, and abilities of the child with adequate provision for the mentally gifted and the handicapped.

Every student teacher in training be required to pursue courses that will enable her to understand the child as a whole and to promote his physical, mental, emotional, and social health.

"In-service" training be provided by school superintendents for their teachers, supervisors, principals, physicians, nurses, and other health specialists, so that they can more intelligently carry out their respective duties in relation to the school health program.

Budget provision be made by boards of education for the school health program, sufficient to insure the essentials in the best programs now conducted in progressive schools, with the expectation that in the near future there will be need and justification for the

expenditure annually of at least 10 per cent of the educational budget for the inclusive school health program. Of even greater importance than a fixed percentage of the budget is that primary emphasis be placed upon the fullest practical realization of a comprehensive and satisfactory health program in the schools which will justify the expenditure of all that it costs.

More definite criteria for school health work be formulated as a basis for the development of better tests and instruments for surveying and evaluating the relative work and efficiency of the many materials and procedures employed.

Equalization of opportunity be sought in all schools, by all possible means, for all school children, so that they may achieve the best health of which they are capable; this to apply to all schools, whether urban or rural, to Negro Schools, Indian Schools, and all other types of schools in the United States and in the schools of the territories.

Provisions be made for full-time utilization of the school plant for desirable leisure time activities of youth; that boards of education arrange such coördination between playground and recreation authorities of the community and the school directors of such activities that gymnasium facilities, playgrounds, shops, craft studios, and other portions of the school plant be made available to all children under competent supervision in the afternoons, in the evenings where desirable, on Saturday and portions of Sunday when not in conflict with religious observance; where necessary, restrictive legislation, limiting the use of the school plant be repealed.

Legislation by the state be not too specific, but mandatory in requirement that schools shall make necessary provisions in space, buildings, and equipments, in health services, instruction and supervision, to secure the fundamental objectives in health and protection of all children in the schools; legislation also to provide, in enabling acts, legal sanctions for progressive health programs adopted by local communities.

VOCATIONAL GUIDANCE AND CHILD LABOR

SECTION III—COMMITTEE D

ANNE S. DAVIS, *Chairman*

ANY plan or program for health and protection must give careful consideration to the subject of vocational guidance and child labor. There can be no health for humanity without protection from poverty and exploitation.

Vocational guidance has been defined as "the process of assisting the individual to choose an occupation, prepare for it, enter upon it, and progress in it." It is an attempt to apply modern scientific methods to entrance into a vocation. Vocational guidance aims to help the boy or girl solve problems of vocational adjustment with satisfaction to himself and to society.

It is important to differentiate between vocational education and vocational guidance. Vocational education is training for a specific occupation. Vocational guidance, on the other hand, seeks to provide information and assistance preliminary to this training, and usually preliminary, also, to any choice of a vocation. Vocational guidance cannot be separated from "educational guidance" since it involves decisions in the choice of studies, choice of curricula, and choice of schools and colleges. It is also concerned with pupils in the so-called academic courses in high schools and those in "liberal arts colleges" quite as much as with pupils in trade

and commercial courses to which the label *vocational* is most often applied.

NEED FOR VOCATIONAL PREPARATION

The need for vocational preparation has been greatly emphasized in recent years by the increasing numbers of people to be assimilated in vocational life, by the ever-widening range of occupations to be considered by each individual, and by rapid changes in occupations in practically all fields of work.

Changes in methods of production and distribution in recent times have greatly affected demands upon the worker's skill and time. The increased mechanization of industrial processes and perfection of machine performance, the more effective coördination of manufacturing processes, and more efficient methods of management which have increased production and at the same time decreased the number of workers, have created problems for industrial workers that have had much attention.

But within the past decade similar changes have affected types of work once considered quite immune from the invasion of mechanical invention. The billing machine, tabulator, and bookkeeping machine have brought about an entire reorganization of office occupations. The automatic telephone has displaced thousands of workers and transformed an elaborate system of training in one form of communication, and the automatic telegraph has brought similar changes in another branch of the same industry. The self-serve restaurant has changed food service both for the waitress and the cook, and the self-serve grocery is making like transformations for the persons who sell food-stuffs.

Power-driven machines are making changes in farming that have led economists to aver that farming will soon experience division of labor comparable to that whereby industry was revolutionized. The motion picture camera and the

talking picture have remade the actor's profession. The radio is being used to give instruction on a large scale and its introduction into the schoolroom already suggests changes in methods of instruction and in the teacher's part in the teaching process.

The manner of distributing goods is changing probably more rapidly than the making of things. The automobile has not only created a vast industry employing many thousands of workers, but has changed every form of transportation. Commodities are now conveyed to stores daily, and stores once centralized are now being located where people live. The airplane has also introduced a number of occupations scarcely known at all a decade or two ago, and the speed of the air service is making its impress upon business transactions.

Complicated problems have resulted. A program of training must be planned suited to all types of young people over fourteen years of age and at every school level. This must provide the variety of courses needed to enable each individual to find his place in one of a wide range of occupations, many of them changing in less than a single lifetime. It must direct the individual's interests in present situations and conserve them for the adaptations to new ones which conditions demand from time to time. These, with their many ramifications, are the problems of vocational education.

NEED FOR VOCATIONAL GUIDANCE

The greatest single need in vocational guidance is more vocational guidance—the extension to boys and girls everywhere of what is known and practised in a comparatively few fortunate communities.

The need for guidance in the selection of an occupation has been felt and expressed throughout all ages, but under modern industrial conditions, with millions of youth at all ages—a preponderating proportion of them in their early

teens—leaving school to go into any one of several thousands of occupations with no conception of the risks involved, it has reached an acute stage.

Studies of why children leave school, made during the first two decades of the Twentieth Century, revealed the waste involved in the transition from school to work; the futility of an upper elementary and secondary school provision that gave heed chiefly to the small percentage who were going on to college and the professions; the lack of consideration of individual differences and corresponding individual needs among children and youth; and showed unmistakably that society was the loser as the result of too early school-leaving.

Furthermore, "the professions, business, and industry are constantly increasing in technicality, complexity, and specialization." Entrance into vocation could not, in view of the vastness of both the educational and the industrial program, continue to be haphazard. Not only the complicated nature of present-day industrial life, but the modern scientific method itself calls for organized guidance. Parents rarely know enough about the separate occupations in this highly organized situation to be able to advise their own children. Every upward extension of the compulsory school age, every successful effort to retain boys and girls in school, every addition to the vocations for which training is provided, intensifies the need for adequate vocational guidance. Organized vocational guidance must be provided to meet the needs of the modern world.

VOCATIONAL PROGRAMS

Study of the Individual. An adequate vocational program includes first of all a careful study of the individual. It is considered axiomatic in vocational guidance that all available data bearing on the individual should be consulted before an attempt is made to give counsel and advice. Each indi-

vidual should be studied by the triple approach of: what he is now; what he has done or has had done to him in the past; and what can be prognosticated for him in the future. He must be considered as an individual rather than as a part of the group; not as a fixed and static entity, but as a continually changing individual whose development, past and future, is often more significant than his present status.

To this end cumulative reports, which provide a running record of his progress through school and beyond, should be established in every school system. Psychological tests, both as a measure of educational achievement and mental capacity, provide one of the most valuable instruments for educational and vocational guidance. The administration of a testing program, however, should be under the direction of a trained psychologist, and the giving of tests by untrained persons without this supervision should be discouraged. But such tests constitute only one factor in the study of the individual. There is need for some objective measurement of personality traits.

Counseling is an endeavor to help boys and girls make the educational, personal, and social adjustments within the school community that will best prepare them to adjust themselves when they become a more definite part of the larger community, in order that they may become happier, more useful members of society.

The school vocational counselor, equipped with a knowledge of occupational opportunities and industrial demands as well as with school organization and procedure, is in a strategic position to recommend and to help bring about needed changes in curriculum and "subject matter," to bring down the content of education to the child's level, to make adjustments for the youth in school that will prevent discouragement and defer school-leaving, to make the transition from school to work a profitable step in education with as little loss as possible to the individual and to society.

Counseling should be made available to all pupils in those

grades in elementary and secondary schools where educational choices and vocational information are important; and it should include pupils of varying abilities and ambitions, from the most gifted to the most retarded pupil.

There are two general methods in use—group and individual conferences, with the present emphasis upon the latter method. The main duties of counselors are: vocational and educational counseling; teaching classes in occupations; occupational research; miscellaneous, such as ability grouping and psychological testing, work with special groups, record-keeping, and placement.

Since counselors must be specialists in their field, they must receive special training to include economics (labor problems), sociology, psychology, vocational guidance, practical experience in business or industry, personnel work, special case work, industrial or social research as well as in teaching.

Occupational Studies. Occupational studies are a necessary tool of vocational guidance and stand next in importance to counseling. They serve: to give information to pupils regarding the duties, conditions of work and the preparation necessary for the occupations which they may eventually enter; to provide a background of adequate industrial knowledge for counselors, placement workers, teachers and those who serve in an advisory capacity to young people.

In this connection the Committee recommends that:

> Occupational research be made a part of every vocational program.
>
> Occupation studies be prepared from the educational viewpoint under the direction of persons trained in the methods of industrial research, and present a picture of the occupation that shall be accurate, adequate, unprejudiced, and comprehensible to the group for whom it is intended.
>
> A more comprehensive plan for coördinating occupational research activities throughout the country be developed in order that information of high standard may be readily available, assistance

given to others in the field, and duplication of effort and cost be reduced.

Curriculum. The fourth requirement is a curriculum provision in which vocational and educational guidance is emphasized. An adequate vocational and educational guidance program should include a five-times-a-week class in educational and occupational information from beginning of high school program, plus another class a year or two later, with a five-times-a-week semester devoted in the main to vocational choice and plans for preparation and entrance upon work. The once-a-week class is inadequate because continuity is hard to obtain, and it is difficult to keep up the necessary acquaintance with boys and girls.

In this connection the Committee recommends:

> Organized classes for all students in junior and senior high school continuation and evening classes for the study of: general and local occupations; and vocational opportunities and problems of the occupational world.
>
> Provision of carefully organized classes in appropriate years, especially preliminary to choice of curriculum, entrance upon a new school unit, and before decisions in regard to withdrawal from school.
>
> Classes taught by teachers qualified for this work.

Try-out Courses in Vocational Training. An adequate program of vocational guidance presupposes opportunities for vocational training. This need has been greatly emphasized by: the increasing numbers of people to be assimilated in occupational life; the ever-widening range of occupations to be considered by the individual looking forward to productive life and promotional opportunities; the rapid changes in occupations in practically all fields of work; the complexity of present-day business and industrial organization; and the increasing demands for accuracy, speed, and adaptability.

While vocational training has been carried on in the home, in the workshop, and in private vocational schools of various types, public vocational schools represent a relatively new movement.

The passage by Congress of the Smith-Hughes Vocational Education Act in 1917 gave significant impetus to vocational education throughout the United States, stimulating provision by the states for day, evening, and part-time schools in agriculture, trade and industry, and home economics.

In this connection the Committee recommends:

> That communities setting up vocational guidance programs should be certain that opportunities for vocational training are available.
>
> That the educational program should include the exploratory and try-out courses already mentioned and pre-vocational training for special types of children.
>
> Flexibility of program in order to deal with rapid changes in production, distribution, and transportation.
>
> Adaptation of program to varying needs of individual boys and girls.

Pamphlets. Occupational pamphlets should be prepared, giving information to young people regarding the duties, conditions of work and preparation necessary for the occupations they may eventually enter.

Placement Machinery. Another important phase of the curriculum is adequate machinery for obtaining positions and supervising employment for young workers.

Placement of juniors is carried on by public school systems, by social and philanthropic agencies, and by public employment—federal, state, or municipal. These are financed by public funds, administered by government employees, and available to a less restricted group than the services under private administration.

There is great diversity in the organization of placement

machinery for obtaining positions and supervising employment for young workers. About one-third of the school systems studied furnish and feel responsible for placement assistance of pupils. In some systems placement work is in a central department headed by a director; in others, carried on by individual schools, but not so effectively. Organization of placement bureaus differs widely as to size, qualifications, and training of staff. The junior placement staff should place interests of workers above all others. Its business is to make school contacts with the occupational world which are valuable in curriculum making and to advise young people of the demands of the business world, to help in the elimination of waste by studying individual and job before placement, to encourage further training on the job through follow-up procedure, and to contribute toward reducing employment problems of men and women.

In this connection the Committee recommends:

> Separately organized facilities for junior placement in public school systems and other public agencies.
>
> At least a high school education, and a college education with special training in economics, sociology, and case work for the placement worker.
>
> The organization of a central office to act as a clearing house for employment information in the community.
>
> A system of uniform terminology and uniform records.
>
> System of following up applicants placed.

Scholarships. Provision should be made in every community for the giving of scholarships to children, who, through necessity, would otherwise have to leave school to go to work as soon as the child labor law permitted.

In an increasing number of cities, special funds have been made available for cases of boys and girls whose earnings are needed for the family income who must therefore leave school unless aid is forthcoming.

In this connection the Committee recommends that:

Provision be made in every community for the giving of scholarships to children who through necessity would have to leave school to go to work as soon as the child labor law permitted.

Scholarships be administered by a private or semi-public office working in close connection with the vocational guidance bureau and the local board of education.

Follow-up work constitute a definite part of a scholarship program.

Cooperation with Other Agencies in Vocational Guidance. While a vocational guidance program in the school system provides the surest means of reaching every child, vocational guidance activities are being conducted by certain social agencies and these efforts are to be commended and merit the heartiest cooperation.

In this connection the Committee recommends:

That the vocational guidance program in a community should involve every effort to cooperate with existing non-public organizations interested in guidance.

That private organizations working in the field of guidance should keep informed of modern developments and modify their program of vocational guidance as need arises.

Special Problems in Vocational Guidance. This involves recognition of and cooperation with non-public organizations and special attention to specialized groups. There are the vocational problems of 350,000 Indians to be considered. Negro leaders regard Negro youth as seriously handicapped by discrimination against them amounting practically to a vocational boycott. There are also the employment problems of immigrants and the children of immigrants.

The whole rural situation in the United States, heretofore but slightly affected by developments in guidance work, is beginning to receive consideration through special studies of rural guidance and the inauguration of state programs of vocational guidance which take the needs of village and rural boys and girls into account.

SUMMARY

Vocational guidance should be an integral part of every school organization. In every community the vocational guidance program should be conducted by a bureau or special department responsible to the superintendent of schools. The vocational counselor in each junior and senior high school should have technical assistance and supervision from a director of vocational guidance.

Provision should be made for counseling, collecting occupational information, classes in occupations, scholarships, vocational training, try-out and exploratory courses, placement of juniors.

Only in this way will the human and financial losses be reduced which result from failure to assist pupils to make the educational adjustments that will equip them for vocations in harmony with their abilities and interests.

CHILD LABOR

Child labor means different things at different times in different places. The United States has no child labor problem of the kind that is common in China and India today, or that was common at the beginning of the industrial era in England, or that characterized the early stages of textile development in New England, or that followed the opening of mills and factories in the South after the Civil War.

Children of eleven and twelve and thirteen no longer, as thousands did only twenty years ago, toil in the lint-laden air of the cotton mills ten hours a day or through the long hours of the night.

But thousands of children only slightly older do this and many another taxing and disagreeable and dangerous task as well as many a task that may not be taxing or disagreeable or dangerous, but that makes it impossible for them to do

any of the things that are believed to be essential if they are to come to maturity with health and vigor unimpaired.

SCOPE OF PROGRAM

A program whose objective is the health and protection of children must therefore start with a concept of child labor that shall include the work of all those not physically mature, which deprives the individual of his opportunity for normal development. Such a program has two aspects: the legal, which concerns itself largely with prohibitions and restrictions and administrative detail; the non-legal, which deals with the fields of education and guidance, of recreation and hygiene, the study of personality, and of all those social and economic forces and institutions that affect all children no less than the working child.

CHILDREN IN NON-AGRICULTURAL OCCUPATIONS

Types of Occupation. Children are employed by the hundreds of thousands in a great variety of non-agricultural occupations, chiefly in factories; but also in stores, offices, laundries, and many other kinds of work places, as laborers and semi-skilled operatives in manufacturing, as errand and office boys, telegraph messengers, servants of all kinds, and almost every conceivable other type of employment.

Conditions. Almost all of these occupations are unskilled, mechanical and monotonous, offering the child little opportunity to acquire either experience or skill to increase his value as an adult worker. The places in which work is carried on are often badly ventilated, poorly lighted, and insanitary. The hours are often long and unregulated. In canneries young children often work ten or more hours a day, and in factories, stores, restaurants, and laundries boys and girls of fourteen and fifteen are often employed fifty hours a week or longer, and boys of sixteen and seventeen

work even eighty and ninety hours a week. Many are employed in connection with machinery which offers a high degree of hazard to the immature. Some employments—newspaper selling late at night, work in pool rooms, employment on the stage, and in other public exhibitions—may foster undesirable character and personality traits. Wages for children under sixteen invariably average under $15, generally under $10 a week.

Legislation. There has been no federal regulation of child labor since the Federal Child Labor Tax Law was declared unconstitutional in 1922. The legal regulation of child labor is entirely by state laws. In addition to direct regulation by the state child labor laws, employment of children during school hours is indirectly restricted by state compulsory school attendance laws.

Child labor laws vary greatly in different states both in adequacy of their provisions and stringency of their enforcement. Usually they set up certain standards relating, as a rule, to age, education, and to the physical condition which a child must meet before he can be employed in a specified list of occupations. They also limit his hours of employment during the first years of his working life and prohibit him from employment in certain hazardous occupations.

Age. In all except two states the minimum age for work is fourteen or higher, at least during school hours. For some kinds of work seven have an age minimum of fifteen or sixteen. In fifteen states and the District of Columbia the minimum age provisions apply to all gainful employments, and in twenty-eight to a more or less comprehensive list of employments. Five set no minimum age except in factories and certain dangerous or hazardous occupations; and two, none except in certain dangerous or hazardous occupations.

Education. In one-third of the states the educational standard for going to work is on completion of at least the eighth grade, while more than one-third of the states either set no educational requirements or fix no definite grade standard.

Health. More than one-half of the states require physical examination as a preliminary to going to work.

Hours. Three-fourths of the states prohibit the employment, at least in some kinds of work, for more than eight hours a day of working children of certain ages, though some permit exceptions. Four have a forty-four hour week for children. Nine permit children under sixteen to work nine to eleven hours a day. Eight of these permit fifty to sixty hours a week and one does not regulate the length of the working day. Almost all prohibit night work, at least in factories.

Types of Employment. A number of state child labor laws have some provision applying to young workers, at least up to eighteen years, prohibiting the employment in physically or morally injurious occupations, prohibiting night work or requiring additional compensation for minors injured while illegally employed.

General Legislative Standards. At this time when between three and four million adults are unemployed in the country, the Committee recommends the following general standards for all kinds of non-agricultural employment with only such exceptions as are especially noted:

A minimum age of sixteen for employment in any occupation. Employers are indicating that they do not want child workers under sixteen, the age recommended by physicians for beginning junior employment, on the ground that employment during earlier years af adolescence is detrimental to health and normal physical development, and physical defects are often accentuated by conditions of work. A higher age minimum should be set for physically or morally dangerous or injurious occupations. Children between fourteen and sixteen might be permitted to work outside the school in a restricted list of occupations.

All children should be required to attend school full time for at least nine months, or for the entire period, in which the schools are in session, between the age at which compulsory attendance begins and sixteen years of age, or to the age of eighteen unless the minor is actually and legally employed, unless physically or mentally incapacitated for attendance, or a graduate from a four-year high school course.

A child should not be allowed to go to work until he has had a physical examination by a public health or school physician, and has been found to be in sound health, of normal development for a child of his age, and physically fit to be employed in any occupation not prohibited by law. There should be a periodic physical examination of all working minors up to the age of eighteen. No minor under eighteen years of age should be employed more than eight hours a day, or more than six days, or more than forty-four hours a week.

Night work should be prohibited for minors under eighteen, except that boys between sixteen and eighteen may be permitted to work until ten o'clock.

Young workers should not be permitted to be employed in places and establishments that do not conform to generally recognized standards of cleanliness, sanitation, and safety.

Employment certificates should be required for all employed minors under eighteen years of age. A wage scale for minors should be established.

Need of Legislation on Special Problems.

Industrial Home Work. The manufacture in homes of articles for factories should be prohibited, for when the home is converted into a work shop, not only do young children work under unfavorable conditions, but family life also suffers. Owing, however, to the fact that industrial home work has become so deeply entrenched in the industrial life of some states, it is not feasible to recommend immediate complete prohibition. Meanwhile a system of licensing of home workers through the state department of labor, and the application of all state labor laws to industrial home work are recommended.

Employment outside of School Hours. Employment of children between fourteen and sixteen outside of school hours should be so limited that the hours of school and outside work shall not exceed eight hours a day. All other provisions of the child labor law should apply to such employment.

Street Work. The work of newspaper carriers on fixed routes and other wage-earning street workers should come under the provisions of the child labor law regulating employment outside of school hours of children between fourteen and eighteen. The

child labor law should contain a regulation applying specifically to newspaper selling and other undesirable forms of street work, as the general child labor law is not usually successfully applied to street work. A minimum age of sixteen is recommended for newspaper selling.

Theatrical Exhibitions. Uniform legislation would appear to be especially desirable as regards employment in theatrical exhibitions, because of the interstate aspect of the employment of children in traveling companies.

Migrant Child. The migrant child worker creates special problems in legislation. All labor camps should be under the supervision of the state agency empowered to make and enforce regulations as to sanitation, and special arrangements made under the public school system for school facilities for migrant children. It is recommended also that state aid be made available for districts unable to meet the expense involved.

CHILDREN IN AGRICULTURAL OCCUPATIONS

Agriculture in several respects presents the most serious of all child labor problems. It involves more child workers, including many young workers, than all other occupations. It employs thousands of children as migratory workers. It presents special problems in regard to regulation. Much of the work is characterized by long hours, repetitive processes, unsuitable and sometimes hazardous conditions, interference with school attendance, and absence of supervision.

Children are employed in farm work on the home farm which their parents, as owners, renters, tenants or croppers, cultivate; as workers for wages; that is, are "hired-out"; or with their parents under a contract system. Many of the latter group are migratory workers, who, with their families, go out from towns and cities to the farms during the agricultural season.

Physical Considerations. Undoubtedly many of the farm tasks in which children assist are harmless, provided that they are not carried on by too young children or too continu-

ously. But exactly what happens is this. Very young children are employed; the work is not suited to their strength; daily and weekly hours are long, usually exceeding eight hours and often exceeding ten or twelve hours a day. In certain types of farm work, moreover, there are definite factors that are unhealthful—such as the cramped positions of workers pulling and topping beets, weeding onions, or suckering and worming tobacco, the exposure to the dampness and cold at the end of the beet and the cranberry seasons, the danger involved in the use of knives and the operation of farm machinery.

Interference with School Attendance. Fifteen states with the highest percentage of non-attendance at school are also the fifteen states with the highest percentage of children employed in agriculture. Not only is absence from school on account of farm work very extensive, but often, with legal sanction, the length of the school term and the compulsory attendance period are shorter in rural than in urban communities. In some states there are exemptions in the compulsory attendance law to allow children to work on farms and in rural communities the enforcement is lax. Migratory children often leave school two or three months before the end of the session, and do not reënter until late in the fall. Retardation among children absent for farm work is much greater than among other rural children, and among city children who migrate, than among other children of the city schools.

Legislation. Farm work is generally not included in child labor law provisions. Only a few states require work-permits for employment. The most effective approach to the regulation of the employment of children in agriculture seems to be the extension of school attendance requirements for rural children. Rural children should be afforded educational opportunities equivalent to those for city children. Ages for compulsory attendance and number of months required should be uniform throughout the state. Certain minor adap-

tations to the needs of farm work may be permitted, but this must not decrease the length of the school term below nine months. There should be no distinction in enforcement of school attendance laws for resident and non-resident or migratory children. No child under sixteen should be permitted to be employed in agriculture during the hours the public schools are in session. Children under fourteen should not be hired out for agricultural work on a contract basis or otherwise, except that children twelve to fourteen might be employed outside of school hours in light agricultural tasks involving work for only a few hours a day during a short season. The hours of work for children under sixteen engaged in agricultural work away from the home farm should be limited to a nine-hour day when school is not in session, and to a combined eight-hour day for work and school when school is in session. Work-permits valid for the entire season should be required for children under sixteen engaged in agricultural work, but not on the home farm.

HAZARDOUS OCCUPATIONS

Since less than one-third of the states compile regularly statistics of injuries to minors, no one knows exactly how many thousands of boys and girls are injured in industry each year.

Situation. Information available from sixteen states would indicate that between 20,000 and 25,000 minors under the age of eighteen, and approximately 3,000 under sixteen are injured annually in these states. In thirteen, at least 1,100 persons under eighteen are killed or permanently disabled. In addition to this, harmful dusts and vapors, excessive heat or cold, and over-fatigue affect a far larger number of children than are affected by accidental injury. Higher age minima should be set for physically or morally dangerous or injurious employments than for others.

Legislation. Most states have endeavored to protect minors at certain ages against industry by prohibiting their employment in certain especially hazardous occupations. Such legislation is far from uniform. Often it has been copied mechanically from older legislation, without regard to adaptation to the child-employing industries in that particular state, and enacted with little regard to possible changes in industrial conditions. A number of states provide no special protection. Others have only a general prohibitory clause, with or without a few specific prohibitions. A few of the states have made a somewhat more scientific approach to the problem.

The Workmen's Compensation Law should be liberal in its general provisions, and should cover minors illegally employed when injured, and provide for the payment of extra compensation in such cases. Eighteen states have made special provision to increase compensation, payable to at least the permanently disabled minor, by computing his compensation on the amount of wage he would probably earn on reaching his majority. Fifteen states exclude minors from benefits of compensation law, if injured while illegally employed; and seven states require the payment to a minor, injured while illegally employed, of the regular compensation plus an additional amount.

Recommendations. To insure protection from occupational hazards for young workers it is urged that in every state the agencies responsible for the administration of child labor and workmen's compensation laws develop a program for continuous study of all industrial injuries to minors under eighteen years of age. Such a program should include:

Compilation and publication of adequate annual statistics on accidents.

Investigation of the causes of all serious injuries.

Education of employers in importance of preventing injuries to minors.

Education of the public in the importance of suitable legislation dealing with safety of all workers, of prohibition of the employment of young persons in dangerous occupations, and in compensation to injured minors.

Power should be given to state labor departments to determine dangerous and injurious occupations and to prohibit minors' employment therein.

Minors injured in industry are entitled to more adequate compensation than that now afforded under most state laws.

The employees' future earning capacity should be considered as the basis on which compensation should be concluded in case of minors permanently disabled.

Illegally employed minors, when injured, should be brought under the workmen's compensation law and provision made for extra compensation in such cases.

In view of the wide scope of the problem it is recommended that a continuing committee be appointed of which the members of the Sub-Committee on Hazardous Occupations, Industrial Accidents, and Workmen's Compensation for Injured Minors might form a nucleus, to work in cooperation with the Children's Bureau of the United States Department of Labor in studying all phases of the problem of protection of minors from dangerous and injurious employment.

ADMINISTRATIVE PROBLEMS WITH REFERENCE TO LAWS AFFECTING CHILD LABOR

While child labor legislation is general, enforcement throughout the country is uneven, and in many places very inadequate, often because the importance of effective enforcement is not realized.

Development of Effective Administration. While lawmakers may realize the desirability of child labor law standards and may endorse them, the discovery, adaptation, and

improvements of methods of putting such standards into effect often lag far behind the realization of the desirability of the standards themselves. This is due partly to public indifference, partly to real ignorance of measures necessary for administration, and partly because of opposition to standards themselves, which, when it has been unable to defeat the passage of the law, concentrates on preventing its effective enforcement.

The Enforcement System. As developed today, this system includes:

System of employment certificate issuance to prevent children from going to work before they have come up to the age, education, and physical standards of the law; and to keep track of them after they go to work during the years when their employment is subject to legal regulation.

The application of compulsory school attendance laws to all children.

Inspection of places of employment.

Recommendations. To obviate the difficulties now resulting in many states from confused and defective legislation, clear and definite legal standards, without limitations and exemptions, should be set up by both child labor and compulsory school attendance laws. Employment certificate requirements and school attendance should be correlated. An effective system of school attendance enforcement, certificate issuance, and inspection of work places should be developed under state supervision, with personnel, qualified by education, experience, and training, adequately compensated, and appointed under the merit system, provided in sufficient numbers.

Employment Certificates. Development of a system of issuing employment certificates to minors, effective in preventing those not legally qualified from entering employment, but so simple and direct as to enable those legally qualified to obtain such authorization without difficulty or delay.

School Attendance. Effective enforcement of school attendance of all minors required by law to attend up to the age, when they are legally permitted to work, and after that age, until they are actually and legally employed; attendance at classes of suitable content by temporarily unemployed minors of compulsory school attendance age; special attention devoted to the problems of school attendance of children in rural districts and of the education of migratory child workers.

Inspection. Frequent inspection of all work places employing minors, the methods to be adapted to this special work as in the use of a special personnel for the enforcement of child labor and closely related laws.

OTHER RECOMMENDATIONS

Inasmuch as many child workers are from the families of unskilled and other low-paid wage-earners, or from farm families among whom the struggle for existence is acute, and inasmuch as the incomes of these families are for the most part below the income needed for any reasonable standard of living, child labor is plainly, in a large measure, a question of poverty.

The Committee therefore recommends:

Directing attention toward the solution of such problems as adult unemployment, farm economics, and of adult incomes sufficient to ensure a decent standard of living for children.

The extension of systems of state aid to widows and dependent children in the form of mother's aid, administered and carrying aid sufficient in amount to enable these children to remain in school up to the age of at least sixteen years.

The development of scholarship funds to enable children and young persons to remain in school who would otherwise be obliged to go to work.

Continuing improvement in schools and curricula to the end that all types of children, up to at least the age of sixteen, should be provided with training that shall mean real development for them.

EQUALIZATION OF OPPORTUNITY AND PROTECTION

The task of the Child Labor Section of this Committee has been to set up certain standards for the health and protection of working children. It has reaffirmed the conviction that education and freedom from premature toil go hand in hand and must advance together. It has given evidence to show that labor during immaturity thwarts normal physical development. It has agreed that children under sixteen should not be permitted to leave school for work, and that boys and girls of sixteen and seventeen in industrial employment should not be suffered to enter occupations known to be physically or morally hazardous, employed more than eight hours a day or forty-four hours a week, or allowed to work at night, and that there should be special protection to minors from hazardous and injurious employment. These standards represent the least, that, in the light of present knowledge and understanding of the mental and physical needs of the child and the adolescent, should be done. These should be considered merely as a point of departure for higher goals to be revealed through the constantly growing contributions of scientific research. Progress toward such goals would be enormously facilitated by establishing a national minimum standard. The control of child labor with its corollary, the extension of education, is one of the most important efforts of the nation to realize democracy and is of national importance and concern.

For almost a hundred years the states have been regulating child labor. Progress there has been. But this progress has been slow and uneven. Some states still fall far below others in the amount of protection they afford. Grave injustice is seen in these inequalities—injustice to children in states with low standards because they are deprived of equal opportunity with others for health, education, and immunity from injurious labor; injustice to employers in states with high standards since they must compete with employers

whose labor costs are low because the labor is child labor; injustice to all the citizens in both groups of states, since civic and economic progress is hampered when the young are not equipped to become responsible and productive members of society and since the mobility of population characteristic of modern times brings many of the ill-equipped from states with low standards to those whose own standards are high.

RECREATION AND PHYSICAL EDUCATION

SECTION III—COMMITTEE E

HENRY BRECKINRIDGE, LL.D., *Chairman*

A TRUE perspective of the field of recreation and physical education brings optimism. Several thousand volunteers are enlisted. Millions have been spent. In a hundred and forty institutions of higher learning 10,000 students are preparing for a life of service in the programs. There is little overlapping of endeavor. The states by law are placing physical education in the curriculum of the schools. The cities are spending money for playgrounds and parks. Semi-public and private agencies are serving 11,000,000 children during out-of-school hours. States are bidding their people to the open life in State Parks. The Nation, in domains of special beauty and grandeur, establishes great spaces for the inspiration and recreation of the vacationing citizen. A vast amount is being done. A vast amount remains undone. The large task remaining is not a cause for pessimism. It is a challenge for action. It is a call for steadfast progress in the march to the goal of a perfected program for the well-being of childhood.

It may be well to consider at the outset, the need for space and equipment, applicable to all ages and conditions. The need for trained leadership, for programs suited to the individual, for proper administration and for research all along the line may be best considered perhaps as they refer

to the preschool child and to the older child in and out of school.

PLACE TO PLAY

Students of civic problems very generally hold that there should be in urban centers one acre of parks and playgrounds for every one hundred inhabitants. This requirement is far from being attained in the majority of American cities. With the multiplication of apartments and flats, the need will be greater. An awakened public consciousness may urge the realization of the ideal of an acre of parks for every one hundred people. It can encourage architects and building developers to plan for play space. It can impress upon hotels and steamship companies the generally neglected needs of the itinerant child.

The home yard, neighborhood playgrounds, blocked streets, portable playgrounds and itinerant leaders afford varying approaches to the objective in the aspects covered by space and materials. Where playgrounds exist, definite provision should be made for the small child. This is important. The preschool child represents nearly one-seventh of the nation's population. In such playgrounds health standards should be set up and the necessary inspection provided. The mounting toll of traffic fatalities carries a warning that safe transportation to and from the playgrounds is of grave importance.

New schools should have generous play space. The school's playgrounds can seldom be extended but they are frequently contracted by the encroachments of additions to the school building. Recreation areas outside of cities fostered by municipalities, states and the Federal Government are to be encouraged.

A PARADOX

There is a strange paradox in the present-day program of recreation and physical education. The efficiency of the pro-

gram diminishes as one follows it back to its application from the youth of eighteen years (the age limit of our present study) to the infant. It is better in the secondary school than in the elementary school, and for the preschool child it nearly disappears. Current expert opinion criticizes this condition. The neglect of the preschool child is held even more serious than neglect at a later age. With the young child, his work is his play and his play is his work. Habits of mind and muscle are formed in this impressionable age which endure for life. Until recently the preschool child was left to the home. In modern life, however, supplemental aid is found necessary. So we have the nursery school and kindergarten. We find progressive playground supervisors setting aside special space for young children and supplying suitable play implements and good leadership.

Despite the few things that are being done very well in a very few places, the record on the whole is one of neglect of the preschool child. But a small fraction of the little children are now reached by the progressive measures heretofore mentioned. Parent education is the crying need, for the effort is not to take the child out of the home, but to place in the home an understanding of the problems involved so that the home may have in it facilities and leadership to the greatest extent possible, or failing that, so that it may control and utilize the facilities and leadership provided by the community.

Parent education waits on the publication and distribution of instruction. The Children's Bureau and State Departments of Health have for some time realized this. The parent-teacher associations and other groups have done much. The field is but touched. These agencies must go forward. Itinerant institutes have proved successful in the 4-H Clubs of the Department of Agriculture and elsewhere. Under proper auspices, they are proving effective in parent education.

The cause of the preschool child must be brought more

forcibly to the seats of higher learning. Of the 140 institutions teaching courses in recreation and physical education a negligible few are devoting thought to the leadership training of those who are to direct the activities of the preschool child. It is correct to say, of the training of leaders, that those ages most pliant and receptive to habit formation and to the inculcation of lasting ideas are most neglected.

Some research is being carried on but there is no field more in need of scientific investigation, and in no field will research yield a richer harvest of constructive knowledge.

THE SCHOOL AGE

Legislation should put physical education into every school curriculum. What is most needed, however, is a maximum of civic consciousness and a minimum of legislation. The minimum of legislation is to require thirty minutes every day in the curriculum for physical education; prescribe that the program be suited to the individual, require a passing mark for promotion and graduation and allow credit for the physical education course. School gymnasia and playgrounds should be made available for use after school hours.

Prerequisite to this program is the provision of adequate equipment, facilities, and trained teachers.

Basically, the executive of the board of education or school committee, by whatever title he is known, is the person responsible for administering and integrating physical education. The board of education should supply well-trained teachers and coaches who should be recognized members of the faculty. Equipment should be paid for by the board of education.

A program must be simple in organization, practical in its recommendations, sound in the professional principles upon which it is based, and must be adaptable to conditions of the school where it is to be used. It should be one to

arouse interest and enthusiasm and a desire for self-improvement.

The program should be based on individual needs and determined by a thorough physical examination. In suiting the program to the needs of the individual, the classification of pupils is urged. Among the factors to be considered are: (a) physical—strength, endurance, skill; (b) health—organic and nutritive; (c) social training needs; (d) mental health needs; (e) emotional training needs.

Sex, age and stage of development should be considered in planning and administering programs of physical education in secondary schools.

It seems desirable that programs for girls be studied and reorganized and made to conform to the suggestion by the subcommittee on Athletics for Girls, and to the principle set forth by the Women's Division of the National Amateur Athletic Federation.

Qualified women leaders should lead in the creating of programs for girls, in and out of school, and should administer them.

It is interesting to note that investigation of a group of girls in New York City schools shows that their preference for activities coincides almost identically with the recommendation of experts. Facilities for the preferred activities, however, are often not available.

Athletics should be organized; first, for the pupil; second, for the so-called school spirit; and third, for the community interest. Interclass competition needs stressing more than interschool competition.

The present trend is toward a larger time apportionment for physical education. This accords with the progressive systems which have demonstrated that physical education can be introduced to an extent commensurate with its value without interfering with the pupils' gain in other subjects.

GENERAL OBJECTIVES

Physical education activities in the school, as elsewhere, offer great opportunities for guidance, because of the abundance of conduct (choice) situations, the fundamental interest, deep satisfaction, and undivided attention factor, which characterize these activities.

Some of the general objectives for a rational program of physical education are: to inculcate health habits; to develop the body harmoniously through systematic exercises; to correct physical defects; to form habits of exercise for use in after-school days; to provide situations which will arouse and increase the qualities of courage, fair-play, self-sacrifice and loyalty; and to give instructions in citizenship through leadership and response to commands.

In the secondary schools we find the school system generally supplying equipment, facilities and special teachers of physical education. But out of one hundred children entering the first grade fifteen will leave school by the end of the sixth grade and fewer will attend high school. Is it just to neglect the physical education of the millions of children who leave school by the end of the sixth grade, or to concentrate the best instruction on those fortunate enough to go to high school? The situation emphasizes the importance of the work being done by public and lay agencies outside the school.

Even in those schools which provide good facilities and trained leadership, too often most of the attention is centered upon the team to the neglect of the other students. The organization and direction of competitive team sports are not to be neglected; because this type of experience contributes largely to the practice of social and athletic virtues. The teams set standards and establish ideals which serve as a stimulus to the emulation of the others.

There are about 11,000,000 children in rural schools. Four millions of these are in one-room schools. One and a half million leave school by the sixth grade. An outstanding

problem is to bring the program of recreation and physical education to the children of rural schools.

OUTSIDE THE SCHOOL

The Nation is fortunate in the number of great agencies outside the school which supply the child with wholesome leisure-time activities. The Boy Scouts of America with its million boys, the Girl Scouts with several hundred thousand girls, the Camp Fire Girls, the Order of DeMolay, Knights of Columbus and Catholic Boys Brigade, Young Men's Christian Association, Young Women's Christian Association, Young Men's Hebrew Association, Young Women's Hebrew Association, and similar organizations serve 11,000,000 children. To these must be added the 3,000,000 children who use the parks and playgrounds in the 900 and more cities in the United States which report public recreation. The National Recreation Association, among other things, acts as an unofficial clearing-house for the public recreation movement. The permanent facilities provided by all these agencies entail the expenditure of scores of millions of dollars. Their annual budgets total millions. A remarkable combination of business management and philanthropic organization, they are a powerful ally of the school and the church working for the welfare of youth. For financial support they depend upon the generosity and public spirit of private citizens. They enlist the volunteer efforts of thousands who give their time—a contribution at least as valuable as money.

Strong financial support for the work of these agencies would make possible the expansion of their efforts. The ideal would be that they reach as nearly as possible every boy and girl in the land. But private philanthropy is no excuse for governmental inaction. The work of the 4-H Clubs in the rural districts is a significant illustration that the Government realizes this. Likewise municipalities and other governmental

units are establishing departments of recreation with skilled leadership. Parks and playgrounds are being multiplied and progress is marching all along the line. Hopeful advance is being made by Southern communities in supplying recreational facilities for the Negro population. It is hoped that more will be done and also that effective efforts will be made to afford better facilities for the children of the foreign born in the great cities, giving them equal opportunity and hastening their integration into the common stream of American life.

Private, semi-public, and public agencies in the field of recreation and physical education, as heretofore stated, are, with some duplication of course, serving over 14,000,000 children from eight to eighteen years of age.

The frequency with which boys and girls make use of the opportunities provided by these agencies varies. The Scout troop or club may have the child or youth only a few hours a week during part of the year. On the other hand, summer camps may have them for days and weeks at a time, making feasible intensive work of a very valuable and lasting nature.

All the agencies aim to satisfy the urge of child life through physical, rhythmic, dramatic, manual and social activities so that the individual may have a happy personal life and may develop a lasting capacity for wholesome enjoyment. This, however, is but part of the aim. The agencies have as their goals growth in skills of all kinds, development of good health and sturdy physiques, worthy home membership, safety, training for vocations, the unfolding of personality, moral growth and good citizenship.

In carrying out their programs, these agencies utilize every community resource. Facilities include playrooms and backyards, public playgrounds and parks, club rooms, parish houses, school kitchens, community houses, Y.M.C.A. and Y.W.C.A. buildings, Catholic centers, Jewish centers, pools, beaches, camps, golf courses and a great variety of others.

The majority of both volunteer and employed leaders of these agencies are persons of culture, have had college training or its equivalent, and many have had special courses to prepare them for their work.

The activities of the private and semi-public organizations tend to supplement the work of official agencies and should not be considered as substitutes for them.

EXTRA-SCHOLASTIC NEEDS

The two needs are adequate leadership and more funds. Higher salary standards will attract persons of better caliber. Improvement in leadership will also come through better training opportunities and through the establishment of higher standards for recreation workers and teachers of physical education. Educational institutions in great numbers and national and local organizations now have trained forces in recreation and physical education. These courses should be enriched and extended. The employment of workers should depend not only upon passing paper examinations but also upon personal interview and actual testing of capacity for leadership.

Although there is little evidence of serious overlapping in the work of agencies, there should be closer cooperation between private agencies operating in the same city, and between public and private groups.

Closer cooperation between public and private agencies may be secured by local councils, which should not seek to dominate or coördinate the agencies but to act as clearing-houses for the closer cooperation and advancement of the work of all.

Municipal governments should, on the one hand, extend their own activity in public recreation, and on the other, should facilitate the work of private and semi-public agencies by official recognition. Permissive legislation is needed, authorizing the use by private agencies of schools and other

public buildings and grounds under such regulations as local authorities find necessary.

There should be federal and state legislation to permit the employment of specialists to guide and train extension employees and local extension leaders in rural recreation. Children's activities outside of school would be greatly enriched if the schools were to assume more responsibility for teaching games. A large repertoire of individual play resources is essential to the wholesome use of free time by both children and adults.

There is need for the expansion of 4-H Clubs and other agencies for boys and girls. To lay a community basis for leisure-time activities, it is necessary to train more and more teachers, ministers, 4-H Club teachers, members of women's clubs, parent-teacher association leaders, and others so that they may become leaders in their communities and organizations.

The curative value of games, dramatics, music, and other activities for persons ill in mind and body has been demonstrated and is a sound basis for their extension in institutions.

LEADERSHIP TRAINING

Leadership is the most important factor in a successful program of recreation and physical education. The problem is to provide leadership where it is lacking and to improve the quality of leadership where it is found. There is general agreement that for leaders in recreation and teachers of physical education and for administration a four-year curriculum is desirable. The curriculum recommended by the Sub-committee on Leadership Training of the Committee on Recreation and Physical Education is that adopted in 1929 by the American Physical Education Association and later adopted by the committee of the State Directors for the public schools under the leadership of Dr. Allen G. Ireland, State Director of New Jersey.

This is a basal course of 136 semester hours divided as follows:

Natural and applied science	37	hours
History and social science	8	
Psychology	8	
Language and literature	12	
Education	12	
Physical education and recreation		
(a) Theory	16	
(b) Practice	16	
(c) Supervision and administration	6	
Free electives	21	
	136	hours

The committee recommended that French, German, and other modern languages should not be required but be included as electives. The American Physical Education Association and the State Directors also recommend this arrangement on modern languages.

Four special elective groups built upon the basal course are recognized. These are: the health service and health education group; the general physical activity group; the recreational promotion group; and the athletic coaching group.

Because of transfer of leaders from group to group and to the higher administrative positions a good basal course for all students preparing for leadership in any of the specific fields is advisable. Such basal course must allow for adequate electives through the twenty-one semester hours of free electives and also through the electives in the six general groups.

It is desirable that the subject terminology and the seven general groups used in this report be adopted. They are already in wide use. Future comparisons of curriculum can be made only as a uniform, clear terminology is used. A uniform semester hour basis is also essential to satisfactory

curriculum comparisons. The committee recommends that one hour a week of lecture or recitation work for one semester equal one semester hour; that laboratory work require two hours a week; and physical practice three hours a week for a semester hour. At present, physical education, for example, may mean physical practice, hygiene, physiology, administration, or any one of several other topics.

It is ascertained that a great majority of the forty-eight states approve the adoption of the quantitative requirements of the curriculum recommended by the American Physical Education Association in the fall of 1929.

A careful study of the 108 catalogues of institutions giving a four-year course with degree in physical education and recreation shows the special emphasis placed upon sub-topics under each subject. Of the catalogues studied, thirty-six were from state universities and colleges, twenty-eight from state teachers' colleges and forty-four from endowed colleges.

As the result of the present White House Conference survey individuals have suggested three additional courses, namely: safety education, business administration, and music and art.

The detailed report also presents a table of subject requirements for each subject in each state. These are the accrediting requirements in summary: 17 states require natural and applied science; 6 states require history and social science; 5 states require psychology; 8, language and literature; 14, education; and 25, physical education and recreation.

Summarized by total major frequencies in the 36 states giving specific requirements, the results are: natural and applied science, 79; education, 48; physical education theory, 37; directed teaching, 28; language and literature, 18; history and social science, 13; physical education activity, 10; and psychology, 9. This summary probably shows the im-

portance attached by the state to different portions of the curriculum.

Throughout the report there have been indicated a great many fields which are inadequately served by the program of recreation and physical education. In all of these the need of leaders trained for the specific work in question has been pointed out. For example, relative to the preschool child, emphasis was placed on the special preparation for teaching in kindergartens, nursery schools, playgrounds, hotels and on steamships. A special list of institutions preparing such leaders is included in the full report.

For the preparation of physical education and recreation leaders for schools, the four-year curriculum indicated above is recommended with specialization based on three groups, namely, a regular four-year curriculum for teachers of physical education; a two-year curriculum for training of elementary classroom teachers; and a four-year curriculum for training of elementary classroom teachers.

As was seen from the section dealing with schools, different activities for boys and girls are desirable for pupils of secondary school age. Institutions for preparing leaders should, therefore, provide a course on the methods of teaching health and differentiation in the practice courses for men and women.

Regarding voluntary leadership, the main report calls attention to two types of leaders, namely, policy makers and task performers. It shows how to enlist voluntary workers and to prepare them for their work. An outline course for the preparation of voluntary leaders is included.

The full report also gives three tables with careful analysis of the following three topics: qualities necessary for success in teaching; probable causes for failure; and selective methods in securing and rating of students and alumni.

These tables emphasize social intelligence as the most important general factor with the following specific traits

ranking high: sincerity, high ideals and standards, emotional stability, leadership dependability, courtesy and tolerance. High intelligence quotient seems much more important than high scholastic rating. Inadequate preparation is the greatest single cause of failure. The present method of selecting leaders results in great losses. The percentage of students finishing their courses in various institutions varies from 21 to 98 per cent.

The Committee recommends selection or rejection of leaders on the basis of their intelligence quotient, their high school achievement record, their professional interest record, motor ability rating and social intelligence and personality rating.

The Committee recommends that summer schools restrict themselves to continuation instruction or work which is an integral part of the regular professional course rather than furnishing instruction for beginners.

The Committee recommends that this present study be extended beyond the judgments of experts to include an actual study of the library, laboratory and physical equipment and the educational leadership furnished.

In view of the differing needs of community and social agencies conducting recreation and practical health education work, and the need for adaptation of material and policies to the leisure-time program for the youth of the community, special provision in either existing or special courses should be made in leadership training for the study of organization and administration of work in community agencies and method of program-making (in accordance with the report on recreation and physical education outside of the schools).

It is recommended that further study of the training of leadership is desirable and it is particularly urged that special attention be given by recreation groups and agencies to the study and development of special graduate and undergraduate recreation training courses.

CONCLUSION

What should be done? In the main, follow along the present trends. The present organization and administration of the field, along established lines, have yielded many good results.

No illusion exists, however, among the leaders of recreation and physical education, that present methods and organization are perfect. Among them there is constant searching and questioning as to the future.

In broad outline the objectives may be stated as follows:

Promotion of normal physical growth and structural development.

Maintenance of normal functional balance between organic systems.

Development of neuro-muscular coördination.

Development of emotional control and powers of expression.

Development of skill in, and love for, physical activities, preferably those of the out-of-doors, provide satisfaction that can be continued in leisure time in the years after school.

Development of intellectual conception and judgments which are closely integrated with muscle movements and with the emotional joy of such accomplishment, as in highly skilled acts in games and athletics.

Strengthening of such qualities of character as honesty, generosity, modesty, fairness, and loyalty in social contact through actual practice in games and sports.

It must be hoped that there may issue from this Conference a strengthened resolution to promote the spread of the program of recreation and physical education until eventually all the children will enjoy its advantages.

Enduring progress must be based upon scientific knowledge. This means increasing research. We appeal to the great private philanthropic foundations and agencies, to the institutions of learning and to the departments of government to

carry forward with redoubled zeal existing and new projects of research, which must be the only sure guide to sound progress.

We are concerned with the dynamic health of the child. Surrounded by all the safeguards of medical care, administration, and health education, the call is for a program of action that will guide the child into the abundant physical life of virility, courage, independence, self-reliance, initiative, the spirit of cooperation, fairness, loyalty, modesty, cheerfulness, chivalry, and good citizenship.

SPECIAL CLASSES

SECTION III—COMMITTEE F

CHARLES S. BERRY, PH.D., *Chairman*

IT is sound public policy, not charity, to provide special treatment and training for all types of exceptional children. In so doing we are making it possible for the children of greatest capacity to make a larger contribution to the common welfare and for the majority of those of least capacity to become self-supporting, instead of dependent or delinquent members of society. In other words, we are both increasing society's assets and decreasing her liabilities. The fundamental principle of special education is to "help the individual to help himself to the limit of his capacity."

The work of the Committee on Special Classes, White House Conference on Child Health and Protection, deals with the public school education of all types of exceptional children. This term includes both the handicapped and the gifted, or children who deviate from the average model child to such an extent as to require special treatment or training in order to make the most of their possibilities. It includes:

> The blind and the partially seeing; the deaf and the hard of hearing; the defective in speech; the crippled; children of lowered vitality; children with behavior problems (the nervous, the emotionally unstable, and the delinquent); the mentally retarded; the

gifted. The committee has considered also the training of teachers; and organization and administration.

The need for special education of handicapped children is evidenced by such facts as these:

500,000 individuals found in our prisons, hospitals for mental disease, almshouses, and institutions for feeble-minded;
70,000 persons every year admitted for the first time to hospitals for mentally diseased;
300,000 persons every year committed to prison.

For every person who is committed to prison or admitted to a hospital for mental disease, there are several at large who are unadjusted to the complex social and industrial conditions of modern life.

Few investments of the taxpayer's money have yielded as large a return as that invested in vocational rehabilitation. In one state alone, the difference in the amount earned by the disabled during the year immediately preceding vocational rehabilitation, when compared with the amount earned the first year after rehabilitation, was more than five times the cost of rehabilitation. If such results can be obtained by the special training of disabled adults who have in large measure lost the plasticity and adaptability of youth, how much more can be accomplished through the special treatment and training of handicapped children? It is unquestionably better public policy to spend more money today in helping the handicapped child to help himself, than it is to spend many times as much tomorrow in supporting him at public expense.

SIGNIFICANT FINDINGS

There are in the United States:

14,400 blind children under twenty years of age.
6,000 of these are being educated in state, private or public day schools and classes.

	The annual per capita cost of educating blind children in state residential schools is	$630
	The annual per capita cost in braille classes in public schools ranges from . . .	$120–$590
50,000	partially-seeing children who should be in sight-saving classes. Less than	
5,000	of these are enrolled in such classes.	
	The annual average per capita cost of educating partially seeing children in sight-saving classes is between	$200–$250
	This ranges from	$132–$331
3,000,000	with hearing impaired in various degrees.	
18,212	deaf children enrolled in schools and classes for the deaf.	
	The medium annual per capita cost in day schools and classes for the deaf is . .	$264
	ranging from	$204–$517
1,000,000	school children between the ages five and eighteen who are so defective in speech that they require remedial treatment and training.	
60,000	of these at the present time are receiving the necessary corrective training and treatment.	
	The average annual cost for speech correction in large cities is approximately . .	$10
300,000	crippled children;	
100,000	of these need special education;	
10,110	of these are enrolled in public schools and	
1,480	in state hospitals and schools, and in private schools.	
	The average cost for special class education varies widely in different communities. Generally it is about four times that of the normal child in the same school system.	
382,000	children who are tuberculous;	
850,000	more who are suspicious cases.	

1,000,000	(approximately) school children who have weak or damaged hearts;	
375,000	of these have serious organic heart disease.	
6,000,000	children (approximately) of school age who are malnourished. Less than	
40,000	of these are enrolled in open-window and open-air schools and classes. The medium annual per capita cost of open-window or open-air classes as reported by nine large cities is	$169
	The range is from	$100–$305
675,000	at least 3 per cent of the elementary school enrolment, who present behavior problems. Less than	
10,000	of these are enrolled in parental schools, special classes and schools.	
450,000	pupils enrolled in elementary grades who are mentally retarded to such a degree that they require special education to make the most of their possibilities. Less than	
60,000	of these are enrolled in special classes.	

BASIS FOR A COOPERATIVE PROGRAM

The development of a cooperative program, which it is hoped will result from the White House Conference, must necessarily rest on common needs and common objectives.

The more significant of the common findings are as follows:

There is a surprisingly large number of handicapped children of every type who need special education, and a comparatively small number who are receiving it.

Special education of all types of handicapped children is almost wholly confined to cities.

The less seriously handicapped are more numerous and more neglected than those who are more seriously handicapped.

The common aim in the education of all types of handicapped

children in the special classes of the public schools is to prepare them to live successfully with persons who are not handicapped.

Adequate vocational guidance, prevocational and vocational training along with placement and follow-up work are seldom found in connection with the special classes of the public schools.

There is a remarkable variation in different cities in the cost of special education for the same type of handicapped child.

While much is being done in special classes to remove or reduce the handicap, little is being done to discover and develop special aptitudes.

There is marked variation in the laws of the different states relative to the organization and support of special classes.

Comparatively few handicapped children have the advantages of early discovery, treatment, and training.

DISCUSSION AND RECOMMENDATIONS

There is general agreement that as rapidly as possible special education should be provided for handicapped children in smaller communities and rural districts; that in the special education of every type of handicapped child there should be some contact with normal children. As far as possible the child's attention should be directed away from his handicap to the development of his major possibilities.

It is the function of special education to provide adequate vocational guidance, prevocational and vocational training, and to place and follow up handicapped children upon leaving school. More attention should be given to the discovery and development of special aptitudes. It is agreed that in naming special classes the name should, as far as possible, indicate the function of the class rather than the handicap of its members; that there is need for more and better trained teachers; that there should be closer cooperation between special classes in the public schools and state schools and institutions; that certain types of handicapped children can be educated to better advantage in state schools and institutions than in special classes of the public schools.

Greater effort should be made to arouse the interest and to secure the support of civic and welfare organizations in the special education of all types of handicapped children, and state and federal aid should be sought to make possible the extension of special education to all who require it. A study should be made of desirable state legislation; greater effort should be made to acquaint the general public with the possibilities of the handicapped.

Early discovery, early treatment, and early training are of vital importance; research should be encouraged in all phases of special education; and, finally, a united effort should be made to eliminate the preventable causes.

The problem of the extension of special education to handicapped children requires for its solution the united efforts of all who are interested in child welfare.

Aspects of the problem that demand special consideration are: publicity; cost; teacher-training; legislation; and cooperation.

PUBLICITY AN ESSENTIAL

In the mind of the average individual special education is charity, not sound public policy. As long as such a conception prevails it will be impossible to extend special education to all who require it, for only as a given policy is found to be beneficial to society as well as to the individual affected does it receive adequate support. Hence the first step is to inform the public in regard to the possibilities of the handicapped child and what can be accomplished by special treatment and training.

Even the majority of persons engaged in educational work have no adequate conception of the possibilities of the handicapped child and have not grasped the need for and significance of special education.

That the majority of school principals have little interest is evidenced by the lack of any attempt to organize special classes in their own schools. To the average teacher the spe-

cial class for the handicapped is a means of relief, not primarily an agency for development.

The history of the education of handicapped children explains in large measure the prevailing attitude of superintendents, principals, and teachers toward their education in the public schools. Until recent years the education of the blind, the deaf, the feeble-minded, and the delinquent was almost exclusively confined to state and private schools. The treatment and training of these types of handicapped children was not even considered a responsibility of the public schools. While the partially seeing, the hard of hearing, the defective in speech, the emotionally unstable, the less seriously mentally retarded, and those of lowered vitality were admitted to the public schools, their failure to succeed in the traditional school work was regarded as unavoidable, not as preventable.

Home instruction, remedial treatment, vocational training and placement were not considered functions of the public schools. Obviously these traditional attitudes which are still characteristic of many older and more conservative superintendents, principals, and teachers must be changed if special education is to be extended to all handicapped children who require it.

Up to the present time it has largely been assumed that it is sufficient to let the results of special education speak for themselves. They have spoken, it is true, but only in a still small voice heard by the few and not by the many.

METHODS OF PUBLICITY

The use of such organized publicity as produced remarkable results during the world war and which is used so effectively in big business should be utilized. National, state and local agencies; educational, civic, welfare, social, industrial and commercial organizations; newspapers, magazines and popular books; moving pictures and the radio should

be used to inform the general public in regard to what the physically handicapped can do if properly trained.

Special demonstration classes should be organized in centrally located cities and counties and in connection with teacher-training institutions to assist in creating a more favorable attitude toward the handicapped on the part of teachers and administrators.

A centrally located bureau of special education from which parents and teachers could readily secure information concerning the treatment and training of all types of handicapped children would be an additional means of educating the public.

TRAINING OF TEACHERS

One stumbling block in the way of improvement and extension of special education is the lack of adequately trained special-class teachers. The average yearly totals of special-class teachers trained during the past five years are: 189 teachers for the mentally deficient, 81 for the auditorially defective, 44 for the visually defective, 16 for the speech-defective, and 16 for the orthopedic.

A study of the work offered in special education by teacher-training institutions during the past five years indicates that more than half of the students preparing to teach mentally retarded children have pursued only a six weeks' training course. The majority of the teachers of the orally defective are being given one year of special training, and by far the larger proportion of these are being trained in private schools or in state residential schools for the deaf. Most of the training of teachers of children with defective vision is being done in various colleges and universities, under the auspices of the National Society for the Prevention of Blindness in intensive six weeks' courses during the summer sessions. Very little has as yet been done in the training of teachers for orthopedic classes. Only two institutions report work in this field; one a university offering

eight semester hours, the other a teachers' college giving one year of training. Little more is being done in the training of teachers of speech correction.

The fact that the superintendents, principals, and supervisors while in teacher-training institutions have had no courses dealing with the characteristics and education of the handicapped accounts to a great degree for their lack of interest in the problem of special education. Furthermore, the teacher of limited special training finds it well nigh impossible to break away from the traditional methods of instruction in teaching the handicapped child. With poorly trained teachers even skilful special supervisors find it very difficult to improve the work of special education.

It is evident that teacher-training facilities must be expanded and the period of training lengthened, if special education is to be improved and extended.

THE COST OF EDUCATING THE HANDICAPPED

Many more special schools and classes would be organized for handicapped children if it were not for the great cost of special education. The annual per capita cost of education in special classes or schools is from one and one-half to four times as great as the per capita cost of education in the regular elementary schools, except in the case of the defective in speech who are instructed in the regular elementary schools, but who are given corrective work by the special teacher, the annual per capita cost of their education being only about $10 more than that of the average child.

Cities differ in a remarkable degree in the annual per capita cost of special education for the same type of handicapped child. For the blind the range is from $120 to $590; for the deaf, from $204 to $517; for the child of lowered vitality, from $100 to $305; for the mentally retarded, from $83 to $454; for the delinquent, from $162 to $741; and for the crippled, from $187 to $593. However, in reporting,

some cities may have included items of cost that were not included by other cities.

No large city in the United States is providing special education for all of its handicapped children who need it. Then how can any city justify an average annual per capita cost of $400 or $500 a year for the special education of any one type of handicapped child when it is not providing any special education for many who require it? The fact is, the distribution of special education among the handicapped is like the distribution of wealth among the people—the few have much, the many, little or none.

In some cities special schools for certain types of handicapped children have been erected at a per capita cost twice that of the regular elementary school buildings, while in these same cities special classes for certain other types of handicapped children are found in basement rooms and in old school buildings not considered good enough for the average child.

From the standpoint of providing special education for all who require it, there is no problem of greater importance than that of determining how satisfactory results may be secured at a minimum cost. Little as yet has been done to solve this problem.

Early discovery and treatment of cases, standardization of the special educational equipment required for each type of handicapped child, and aid from local organizations in bearing the expense of special equipment and in assisting in the necessary social service and placement are methods of lowering the cost of educating and training the handicapped.

The great cost of special education is one reason handicapped children are so generally neglected in the smaller communities and rural districts. School districts which are taxed to the limit of their capacity to provide the traditional education for the average child are in no mood to add to their financial burden to provide special education for the

handicapped child. There seems to be little hope of making adequate provision for the education of handicapped children in these poorer districts without state aid.

LEGISLATIVE SHORTCOMINGS

There is lack of uniformity in the amount of per capita state aid provided and great disparity in the distribution of this state aid among the different types of handicapped children.

It is obvious that in the enactment of legislation providing state aid for special education, the relative needs of the various types of handicapped children have received little consideration. In other words, it is not clear from existing law just what the function of state aid is.

There are in the United States one or more national and many state and local organizations working to ameliorate existing conditions for the different types of handicapped children. Most of these organizations, however, are going ahead with their own work as if the other organizations did not exist. This lack of cooperation finds expression in the legislation which provides state aid for some types of handicapped children, but not for other types.

LACK OF UNIFORM EDUCATION

There is as yet no well-coördinated plan of special education. Superintendents of schools and boards of education are greatly influenced by local organizations interested in the care and education of handicapped children, with the result that the nature and extent of special education provided for a particular type of handicapped child is determined in large measure by the influence of the organization interested in that particular type of child. On the other hand, special education for those types of handicapped children not sponsored by outside organizations is very frequently neglected.

Through a federation of the national organizations interested in the handicapped or through a national council made up of one or more representatives selected by each of these national organizations, it should be possible to develop a national cooperative program for the care, treatment, training, placement, and follow-up of the various types of handicapped children. State councils formed in like manner might render a valuable service in coördinating, unifying, and developing the work for the handicapped in the various states.

WARFARE OF PREVENTION

A cooperative program in special education cannot stop with care, education, placement, and follow-up of the handicapped. It must include what is still more important, prevention. Prevention means the elimination of the causes that cripple children in body and mind. In a united warfare against these causes all organizations interested in the handicapped can cooperate most effectively with all other organizations interested in the amelioration of human life, since these same causes which cripple the few are impairing the efficiency of the many. It is fitting that the united organizations interested in the handicapped should lead in this warfare against disease, ignorance, and poverty, since the handicapped children in whom they are interested are the most appealing objective evidence of society's failure to control disease and to eliminate poverty and ignorance. If the many national, state, and local organizations interested in the various types of handicapped children once recognize the vital interests they have in common, a cooperative program in special education becomes possible.

EDUCATION OF THE GIFTED

The need for special education of gifted children is indicated by the large percentage of failures in our colleges and

universities due, not to lack of capacity, but to bad habits and undesirable attitudes; by the many graduates of higher institutions of learning who do not feel under the slightest obligation to society which made possible their higher education; and by those gifted children who leave school because of dissatisfaction with traditional education.

The problem is to determine the nature and extent of the special education required to enable the gifted child to attain his maximum development.

Significant findings show that there are:

1,500,000 gifted children in private and public schools in the United States.

4,000 of these in forty cities are enrolled in special classes for gifted children.

There are two types of methods: rapid progress and enrichment; or adding new subjects. The latter is generally conceded to be superior. Nothing is being done in small towns or rural districts toward special education of the gifted.

RECOMMENDATIONS

These recommendations for the schools are made:

Formation of special classes conducted on the enrichment plan for gifted children in all cities where the number of available gifted children justifies this procedure.

Acquainting every teacher prospective and in service with what can be done for a gifted child in her group.

Requests to the Commissioner of Education to promote the consideration of this problem and to the National Education Association to urge upon teachers and administrators the importance of making adequate provision for education of this type.

PROMOTING EDUCATION OF THE GIFTED

In order to stimulate the important work of special education of the gifted, means should be used to bring to the

attention of the people the fact that the inventions which have transformed modern life, the huge organizations which have revolutionized modern business, the great contributions to art and literature which have added so much to the enjoyment of life are the products of the gifted few, and they will understand that gifted children represent the Nation's greatest potential asset.

Also, they should be made aware that many gifted individuals are in penitentiaries, and many more at large who are working for their own selfish interests to the detriment of the common good, and they will appreciate the importance of so educating the gifted few that they will work for the general welfare. Furthermore, let the people once understand that the social and industrial problems of the present are so complex that their solution is a challenge to the most gifted minds, and they will appreciate the importance of the conservation and development of the Nation's greatest human resources, just as they have demanded the conservation of the Nation's greatest natural resources. And, finally, let the people once realize that hope for the elimination of poverty, disease, and ignorance which are crippling hundreds of thousands of children and impairing the efficiency of millions more can never be realized except through the cooperative efforts of the gifted few supported by the mass of the people, and there will be no lack of public support for the special education of gifted children.

It is significant that in special classes the trend is in the direction of early segregation and the use of the enrichment method. It seems clear then, in view of the increasing complexity of social, industrial, political, and religious problems, that it is wiser to provide for gifted children a richer, broader, and more socialized type of education than it is to have them complete the traditional course of study in less time.

At best it will require much time to create a general interest on the part of the people in the educational problems of

the gifted child, but, on the other hand, there seems to be no good reason why immediate results should not be secured if the recommendations of the sub-committee that all teachers be given instruction in regard to what they can do for the gifted child were acted on by our various national and state educational organizations.

It is hoped that the White House Conference will give this most vital problem, the education of the gifted child, special consideration.

SPECIAL RECOMMENDATIONS

The immediate organization of a National Council for Handicapped Children made up of representatives of the national organizations interested in such children to promote aggressively measures for making effective the recommendations of the Committee on Special Classes of the White House Conference on Child Health and Protection.

The immediate creation in each state of a State Advisory Council for Handicapped Children made up of representatives of state organizations or agencies interested in such children to cooperate with the National Council and to promote aggressively in the states measures for making effective the recommendations of the Committee on Special Classes of the White House Conference on Child Health and Protection.

YOUTH OUTSIDE OF HOME AND SCHOOL

SECTION III—COMMITTEE G

JAMES E. WEST, *Chairman*

YOUNG people up to eighteen years in the United States means 45,590,341 children and youth—growing, doing, playing, learning, working, forming habits, creating attitudes, imitating, judging values, and making standards. They are enthusiastic and face the light. To them life is a great adventure. As the next generation, civilization is to be in their hands. They are busy unconsciously forming that growth we call character. Of them 28,000,000 are in schools and 4,000,000 have already "gone to work."

During these years, one-fourteenth to one-twelfth of their total time is spent in school. One-third of their time is spent at home in sleep. Varying small amounts beyond that are spent daily in the home. Probably 98 per cent of them are in homes, though samplings indicate that one in four is in a broken home. Over 40 per cent of these eighteen years is spent outside home and school. From the angle of character growth, these hours outside the restrictions and controls and tasks of home and school are actual determinants, because in them the young person is "being himself," following his own interests, is carrying on spontaneous action, trying to express himself.

The great endeavor for those who are concerned with the guiding of youth in their interests outside of home and

school is to "do for" them less, and more and more to aid and stimulate them to "do for" themselves to the end that they may become self-starters and self-directors.

GROUPS THAT INFLUENCE YOUTH

Of the groups which touch the lives of children, most important of all is the church. There are 25,000,000 who are identified with the church, an influence that is, as investigation shows, on the increase. Contrary to general impressions, not only the membership of the church but the attendance of young people in our Sunday schools is growing.

There are the girl agencies which touch something like 1,500,000 and the boy agencies which enroll some 2,100,000, the neighborhood agencies, which attract over 4,000,000 and make 15,000,000 visits a year. There are certain influences such as play and safety which reach many millions in varying degrees; the motion pictures, which catch the eye of 115,000,000 a week, one-third of whom are estimated to be under eighteen years of age.

There are the great number of commercial amusements other than motion pictures which lure something like 2,000,000 daily throughout the country, especially in our large cities. There is the radio with its 13,000,000 sets, with probably over 60,000,000 listeners. There is the reading program which is an indoor interest of most of our 45,000,000 young people. There is the new, character-developing influence of camping. Eight million of our people are now availing themselves of opportunities to camp. Of this number 3,000,000 are youth and children. There is the great determining force of community environment emphasizing interaction between the home and the community as an important influence upon children.

There is the field of industry with 4,000,000 of youth employed, full time, and 2,000,000 on part time. There is rural life, where 55 per cent of our children are found.

And, there is that less fortunate 1 per cent of the youth of America, in institutions instead of normal homes.

THE CHURCH

There are 232,154 churches of 214 different denominations. They have 44,380,000 members over thirteen years of age, which is 55 per cent of the available population at these ages. The churches have as members five women for every four men.

There are nine churches for every ten public schools. Nearly four billions is invested in property, and churches spend close to a billion each year. These represent respective increases in ten years of 129 per cent and 149 per cent.

The church, therefore, is not a decadent institution. Its membership growth of 17.6 per cent and 18.9 per cent for the past two decades parallels almost exactly the population growth of 17.2 per cent and 19 per cent.

It is significant that Sunday schools have grown 43 per cent over a twenty-year period but the past decade showed only 5.5 per cent increase. This change is largely due to the rapid shift of Roman Catholics out of their once-a-week Sunday schools into their daily parochial schools, which have doubled by adding over a million pupils. Seventy-two per cent of Sunday schools, like the churches, are in rural territory.

There are certain definite tendencies in the development of the church today, such as:

The wholesome development and growth of their religious education programs for children and youth.

The tendency for the church to relate itself to its young people, not only in matters of worship, but in various ways, aiding in adjustment to actual everyday experience.

The growing tendency of churches towards community effort.

There is a significant tendency on the part of the church to extend its activities to the week day, with such programs as the

daily vacation schools, the week-day church schools, as well as youth activities under church auspices.

There is evidence of a restless hunger for deeper spiritual values in this materialistic, pleasure-mad age, and to meet this is a great immediate task of the church.

The Committee urges upon parents use of the educational values of the church, calls for more leaders to be trained, and challenges the central church organizations to develop ways to make their big programs reach the individual. Churches should provide more programs suited to young people and give them chances to participate in running those programs.

GIRL AGENCIES

There are 22,680,000 girls and young women in the United States, eighteen years of age and younger. Of these 14,600,000 are in school, while 1,900,000 more are employed. Civilization recognizes in this group its future home-makers and mothers. It is this group who will mold the character of the coming generation. Womanhood is in an especial way the guardian of our best ideals. Intelligent culture not only glorifies the incomparable place of a mother in our life, but it recognizes as well her great educational opportunity and responsibility.

To meet the leisure time and leisure thought and the aspiration needs of this group, there have grown up in our country in the past twenty years, leisure-time, character-influencing agencies. They enroll 1,151,891 girls. They have 2,315 paid leaders and 105,271 volunteer leaders. The total expenditures aggregate over $5,289,299—a cost of $4.68 per capita.

Among the needs which the Committee recognizes and embodies in recommendations are: an impartial study to be made of the programs of the different girls' organizations to measure their effectiveness; a special committee to evolve a basic course in volunteer leadership for such organizations;

research to ascertain the value of organized work for younger girls, from seven to twelve years of age; more emphasis in these organizations on preparation for marriage, parenthood, and family life; and an assumption of more responsibility in helping the rural girl to become better adjusted when she seeks to earn a livelihood in the city.

BOYS' AGENCIES

We have in the United States 24,057,083 boys up to eighteen years of age. A total of 14,000,000 of them are in school. Slightly over 2,000,000 are employed regularly and another 1,000,000 work part time.

Their nature calls for action and vigorous, expressive life. They have one-third of their time as leisure. Leisure brings hazard.

The Committee finds that the aims of boys' work are as wide as humanity and as deep as life itself. The purposes aim at the future, through a going, satisfying present. The major aim is formation, not reformation. Good is found, not in status, but in action. The expressive life is encouraged as nature's way to knowledge. Fellowship, cooperation, responsibility, citizenship, and leadership are encouraged and developed in varying degrees through different boys' organizations.

It is in the early half of the 'teen period that boys' work is largely concentrated. Of the 8,000,000 boys comprising the 'teen age group, 2,000,000 are enrolled in all boys' agencies. Here the movement faces its great unfinished task since three boys out of every four of these ages are not reached.

Incomplete estimates indicate that only about thirty per cent of the boys' work appeal is made to the under-privileged group. The extension of activities to reach a larger proportion of the under-privileged is one of the goals for boys' work organizations.

The Committee finds the need to give more heed to personal guidance counseling with individual boys. It finds the boys' work needs to be extended in rural areas commensurate with that in urban. The safety education program of the boys' agencies, which is growing in importance, reports that more than 1,500,000 boys have been taught to swim during the past decade.

In the work of the various agencies the Committee finds recurring evidence of the vital and unique contribution made to the growth of a boy's character through what he does in his leisure time.

Recommendations are directed especially toward the extension of boys' work to the ages between seven and eleven, and after fifteen, and urge that an effort be made to serve the unreached three-fourths of the present age range, as well as to give larger attention to boys of the under-privileged areas. Increased and more effective heed to educational guidance and vocational counsel are recommended; that increasing emphasis be given to the selection and training of leaders; and that the results of programs be more scientifically measured.

NEIGHBORHOOD AGENCIES

The Committee reports the very definite place that settlements have in the lives of children. There are 450 settlement houses in this country which are influencing and affording expression to nearly two million persons. Two hundred and fifty are under religious auspices and some 200 in the National Federation are secular.

The chief function of the settlement has been to serve as an agency of research in adapting the riches of civilization to working-class communities. The settlements are just as important to the neighborhood as research laboratories are to colleges and industrial plants. Friendliness is the common denominator of the settlement's relationships. Community centers and houses are rapidly increasing in number in the

United States. The great majority of the community centers are in small towns under 2,500 where there is real community responsibility. Larger centers often have coliseums and auditoriums with special social equipment, chautauquas, forums, and with clean-up and law-enforcement campaigns.

Also, there are 724 day nurseries in the United States, caring for approximately 34,000 children at one time.

The 11,171 public health nurses in the United States make probably 15,000,000 visits a year caring for the sick in their homes and teaching the families how to handle health problems.

The Committee urges socially minded citizens to give help and sympathy to this progressive adjustment of the offerings of the arts and sciences to the less fortunately conditioned areas—to the end that local adult groups may be interested in themselves promoting the best type of local life with a resultant better chance for their children.

PLAY AS IT AFFECTS YOUTH

Play is universal—it enters the lives of everybody, everywhere, though in varying degrees.

Play makes doing a pleasure and makes of life itself a game. It involves the opportunity for expression. Its motive comes from within. It may be imitative or exploratory, or simply aimless action. It is nature's way of learning. The child plays because he enjoys it and nature teaches him as he happily plays.

The dominant and most soundly reasoned educational thought today insists that education and learning come literally only through activities in which the child finds satisfaction.

The leisure-time agencies for youth are dealing with purposeful play—but play withal. The conditions involving choices, attitudes, emotions, reactions toward others which are present in spontaneous play, give it a rare potency for

the child in the building and growth of his character. The wise leaders in school and church are quietly trying to absorb under their auspices the values of play. These values accrue, however, only under conditions of adequate variety of activities, of enough facilities of areas, rooms, suitable equipment and materials, and of inspiring, trained leadership.

Study of this phase of the life of children and youth leads to a recommendation for the planning by cities and rural communities for play areas in larger numbers, of more adequate size, and more adequately distributed; that cities, counties, states acquire wilderness areas; that more adequate private and public outdoor and indoor facilities be provided for athletic, dramatic, musical, art, craft and other expressive activities; that schools recognize more fully play motivation and that they practise more fully the objective of "training for the wise use of leisure" as set forth by the National Education Association; that all having to do with children—parents, teachers, farm and home demonstration agents, 4-H Club leaders and rural ministers, leisure-time leaders—should have training in play; that the control of public facilities be kept free from all selfish political interference and devoted to the service of the people.

Back of these and the other recommendations, set forth in the complete report, is the need for greater financial outlay, and back of this again is the need for a wider and more profound public appreciation that in play activities of various kinds in good surroundings under qualified leadership, there are to be found by youth these essential and fundamental values for personal happiness and social worth.

THE SAFETY MOVEMENT

We kill over 18,610 children by accidents in a year. Widespread educating of youth in safety is in process in school, home, church, playground, leisure-time agency, in-

dustry, and commerce. The Committee finds large results achieved in the saving of life and recommends the wider application and use of this effort.

THE CHILD AND NEW FORCES

In times past it was easy for a father and mother to live on terms of intimacy with their children. The home was simple and yet very rich in the kinds of valuable experiences in which parents and children could join. Now parents find contacts not only greatly reduced in number but also characterized by artificiality and lack of genuine interest.

For an increasing number of children, especially in cities, activities tend to be centered outside the home. Many of these activities contribute greatly to the child's development. To maintain now the very desirable intimate and sympathetic relationships between children and parents calls for a sharing of these outside activities by both. Outside activities must be made family activities.

At the same time that the home is undergoing fundamental change, powerful forces affecting youth are springing up carrying immeasurable potentialities for good. But, for evil as well. The radio, the movie, the magazine—these and many others offer thrills to youth on any level he may choose from the basest to the highest. All such influences are so definitely educative for good and ill that society may not shirk its responsibility for a critical appraisal of them. Children must not be exploited for others' gain.

MOTION PICTURES

Motion pictures, our fourth largest business, has, in a third of a century, become our greatest means of recreation for 115,000,000 people a week. The world audience is 250,000,000 a week. Its investment in the United States is $2,000,000,000, and it produces annually 150,000,000 feet

of negative and a billion feet of positive, representing 85 per cent of the world production.

Enough miles of film pass through exchanges daily to encircle the globe. Films are rented to the 22,600 exhibiting theaters throughout the country and their capacity is 11,300,000 at a sitting. Three-fourths of the patrons are women and girls, and one-third are children. Pictures prepared for adults and seen by nearly 40,000,000 young people each week, create the first problem. Another real difficulty is that the finer types of pictures, as a rule, are not the ones that are most profitable.

The legal restrictions are both various and numerous. It is a difficult situation to effect a balance between extreme restrictions on one hand and the wholesale presentation of entertainment not always suitable to the minds and best interests of the younger audience.

In spite of these facts, little has been accomplished toward special progress for children, though the question has been discussed for two decades.

A study of Buffalo theaters revealed that one in seven was a fire trap, with 40 per cent of them presenting real fire hazards. Sanitary conditions and facilities were found to be bad.

Three things are being pushed in order to better the situation:

Parental supervision over the types of pictures that children see.

Special matinées or family presentations, keeping children away from other or too frequent attendance.

Demand for more special production of films for children.

A cooperative committee has just made a report urging a film exchange service especially for churches and provision for suitable films.

Amateur motion pictures are now within the reach of average incomes. The boy Scouts of America, the Y.M.C.A., schools, churches, and travelers are using movies. There

are some three hundred clubs of motion picture amateurs. Here is an attractive new hobby field for youth.

As an educational device for youth, the tremendous possibilities of motion pictures are recommended for use.

From its investigation, the committee recommends:

> More "family programs" arranged by exhibitors and increased effort by producers to make available suitable pictures for such programs.
>
> Continuation and extension of the work of local "better films" committees in bringing about more cooperation between exhibitors and the public in program building and in the regulation of attendance by children.
>
> The further development of "public relations" activities between producers and citizens' organizations, both national and local.

Motion pictures are so important in their influence upon children, and the industry is still in such a formative stage, that recommendations made at this time should be considered tentative and subject to revision based upon research and subsequent developments. In view of this, it is hoped that the Conference will include motion pictures in the matters designated for further consideration.

THE THEATER

The motion picture theater has largely supplanted the legitimate theater. Price attractiveness and availability have been the contributing factors. Youth do not patronize the theater; 20,000 who do not to one who does is a conservative ratio. Community dramatics, however, are an increasing social force. Playgrounds report 195 cities with 1,320 play-producing groups. Boys' and girls' clubs, Scouts, church societies are giving better plays. One hundred and thirty-seven cities gave 331 pageants, and so on. MacGowan's intensive study of the Little Theater Movement in the United States

reveals 25,500 performances during the 1929 season, put on by 13,200 groups. "Broadway may be dying," says he, "but never was the theater so alive in the rest of the United States." As an educational device for youth its tremendous possibilities are recommended for use.

Among the recommendations of the Committee are:

> More attention by theatrical producers to plays suitable for youth and the arrangement of special occasions and appropriate admission prices to stimulate their attendance.
>
> The encouragement by schools, recreation agencies, and churches, of the organization of amateur dramatic groups, and the making available to them of leadership and facilities needed for their activities.
>
> There appears to be need for better and more uniform legislation among the states governing the employment of children in public performances.

OTHER COMMERCIAL AMUSEMENTS

Estimates based on samplings indicate that we spend on commercial amusements over $500,000,000 a year. Coney Island in New York City alone entertains over 20,000,000 people a year. Attendance at commercial amusements in the United States undoubtedly runs into hundreds of millions yearly. New York City's Internal Revenue amusement tax records show $106,000,000 spent there in 1920. Slightly over half of the total expenditure is for the theater, motion pictures, cabarets, and vaudeville. Slightly less than half upon dance halls, pool-rooms, amusement parks, carnivals, and steamer excursions, and offshoots of these.

The various commercial amusements reflect their common "desire for profit." While competitive, they have their trade associations for mutual protection. Their realm seems to present a world which is a law unto itself. The differences between the recreations of the agrarian civilization centers almost wholly in the "profit motive." When people lived in

small face-to-face groups, traditional patterns of recreation centered about the village common, the church, or the school; there was little incentive for the commercial entrepreneur to organize recreations, but in our changed life at the close of the day's work at the machine, the worker wants "a change" and stimulation.

The connection between the wide patronage of commercial amusements and the American educational system must also be noted. Our system of education in general does not stimulate inventiveness, imagination, or initiative. Comparatively little has been done by the school to train esthetic taste which could be a guide to selection of activities in leisure time.

This situation is changing, it is true, in many of the progressive cities where community recreation programs promoting constructive leisure-time activities are closely integrated with the educational system; but this integration is so recent that it has not affected to any appreciable extent the widespread participation in commercial amusements nor has it developed a standard of social values to which to conform.

Probably 50 per cent to 75 per cent of the patrons of these amusements are children and youth.

UNWHOLESOME INFLUENCE UPON YOUTH

What are these commercialized amusements doing to youth?

It might not be too much to say that the commercial amusements are as influential a force for education as we have, not excepting the public schools. Yet comparatively little is known of the social and psychic influence of any of them except possibly the movies, the dance hall, and, to some extent, the pool-room. The findings of the report will show that their influences under business auspices are in the main unwholesome. They affect largely the children of those parents with fewest resources in themselves for constructive

recreation. They promote gambling and almost uniformly have a fringe of hangers-on from the criminal class—prostitutes, gamblers, dope peddlers, and so on. In themselves, they offer little of value in the way of imaginative content and development of self-activity.

The connection between juvenile delinquency and the commercial amusement enters also into a consideration of this problem.

The Crime Commission of New York State in its report "A Study of Delinquency in a District of Kings County," believes that "the low-grade pool-room is the chief hang-out of the crook and more burglaries among boys between the ages of sixteen and twenty-one are concocted there than in any other single place."

Since the development of the movement to regulate public dance halls, the situation as it formerly existed has been much improved, but many dance halls still suffer from bad associations, and findings of the present study indicate clearly that amusement parks, carnivals, and steamer excursions are frequently the resort of adults of the criminal class.

Efforts have been made to separate these amusements from drinking and gambling, but it may be said with certainty in the light of the present study that to date this effort has been unsuccessful.

No sane observer would say today that these commercial amusements are the cause of juvenile delinquency and crime. However, a relationship exists between the two that is quite clear. What this relationship is, is still obscure, but it indicates the need of comprehensive studies of these problems from a sociological and psychological point of view on a national scale.

Actually these amusements do not arbitrarily set their standards but scale them down as cheaper imitations of the more expensive amusements of the well-to-do. Even the fashion of dancing is set by the stage, cabarets, or colleges.

The monotony of the worker's life in a machine age makes

him want "lively" amusement with a minimum of complexity.

The Committee recommends as remedial measures:

Better regulation by states and municipalities, especially in county units outside larger cities.

More community undertakings to supply recreation and activities under governmental auspices.

More participation by community organizations; adequate education of parents on the problem of recreation.

A comprehensive scientific study of the field of commercial amusements.

THE RADIO—A NEW FORCE

Radio, our newest and swiftest tool of communication, probably reaches half of our population daily. In half a dozen years it has flashed from the status of a hobby to a household convenience. Its past uses for ocean and air safety and for exploration are historic. Its speed is startling; one-twentieth of a second is claimed as the record time for contact reply between the New York *Times* and Byrd, at the time 9,783 air-line miles away in Antarctica.

It now becomes an adjunct of civilization, second only in its reach, to the daily press. We publish a daily newspaper in the United States for every other person. Broadcasting already has a comparable volume.

From our 643 stations in the United States, the radio voice reaches out not only to our own 13,478,600 receiving sets but across a listening world as well.

Here is a new, unstandardized instrument. What are its values?

In Europe, broadcasting is a government operation; in the United States it is private and commercial. European broadcasts rely on various government aids, taxes, program advertising, etc.; support in the United States comes from sales of advertising time. Of our stations, 12.3 per cent are run by educational institutions.

What rights has education of youth in the free allotment of channel rights, which soon seek to become property rights? The Committee believes that youth and education have equities in broadcasting which must be safeguarded and placed on a sure and dependable footing.

There is a constantly growing list of states and cities where instructional broadcasts are in process. The Committee finds evidence of great need for careful study of methods and of results. The radio audience, if not a truant, is at least an absent audience, and check-ups are very difficult.

The Committee report reveals that churches are making substantial use of the radio, but finds that very little special provision is made for young people, and recommends that this opportunity be used.

The evidence is abundant that education has in radio a new and tremendous tool.

Among the recommendations the Committee makes are these:

> That adequate provision be made to guarantee definite place for educational broadcasting as a youth influence.
>
> That thorough technical studies be undertaken and techniques be sought to measure the programs, the methods and the results, and that if anywhere needed, funds be sought to continue work found to be beneficial.
>
> That while radio is relatively free from pernicious programs, it must be cooperatively kept free from them by active expression of public opinion and good taste.

YOUTH'S READING

Next to persons, books are our greatest influencers of character.

In 1929, of our 10,187 new titles or editions, 931, or 9 per cent, were for children. This was an increase of 22.3 per cent over the year before. Children's books have doubled in the past ten years.

But this picture of volume fades as we check up on the individual. Uncounted thousands of children grow up without ever owning or reading a good book other than school texts. The Committee finds that what children read is largely a problem of accessibility. Apparent poor tastes may only indicate poverty of choice. Commercial zeal in distribution may result in making widely available something poor in quality.

Indications are that home libraries unfortunately play a relatively unimportant part in the reading of American children. Parents find it difficult to find good juvenile books on sale, and as a result the child turns to whatever few adult magazines the home affords. The fact that these magazines are edited for adults gives them a false balance for young folks, as content analysis reveals.

Recent estimates indicate that the reading public is less than 47 per cent of our population. The average American buys but two books annually, reads but two.

Rural samplings show, for example, but six homes out of 523 with a child's magazine. Practically no books were owned by any family and no public library was available.

Habits of reading seem to tend to become more individual and quite fixed by the sixteenth year. Large numbers are at work by this period and find in the daily press and the sensational story magazine their reading thrill. The tragedy of much of the lower grade reading material is that it cumulatively presents, as the movies do, a false and distorted picture of life.

The public libraries, of which there are 6,000 in this country, are one of our great institutions. They are in all large cities and in many smaller and in a few rural areas, but 43 per cent of our population live in communities without such library service. Only a small percentage of the population actually use the books. In New York City, 5,248 people use the reference department daily, while 30,419 books are loaned for circulation each day. But the population of the

areas involved is 3,133,000. If each book taken out had been taken by one person, those using the library on any one day are about 1.1 per cent of the population.

Of the books in circulation, 39 per cent were taken by young people under sixteen years of age. Children's rooms, library cooperation with school assignments or Scout subjects have heightened interest. The demand for children's librarians exceeds the supply. Only 7.3 per cent of the 12,000 members of the American Library Association are children's librarians. More adequate financing of library work will add to this new and vital branch.

Rural areas are being offered library facilities through county and town units. The library on wheels, that is, the traveling library, and the distribution of books by mail are in effect in thirty-seven of the states. Forty-six of California's fifty-eight counties and ten of New Jersey's twenty-one have developed county library facilities. However, there are only 286 of the 3,061 counties in the Nation with county libraries.

The Committee recommends:

The broadening of public library service through the establishment of municipal and especially of county (or other large unit libraries); the improvement of libraries now in existence and particularly the improvement of specialized service for children, made possible by local appropriations, by state and federal aid.

A library is recommended for every school with every school library in charge of or under the supervision of a person qualified to select books and to direct reading.

Institutions, organizations, churches, and special-interest groups of all sorts are urged to develop a library service designed to meet the reading and study needs of their groups, especially in communities without public libraries.

Scientific studies should be made by persons equipped by training and experience, of the reading preferences of children, of the influence of reading on character, of the place of books, reading and libraries in the teaching process, and of the individual and social factors which affect the wise use of books by children.

The need for a spirited, well-written, purposeful, illustrated magazine for children is recognized.

The conclusion of the Committee is that the problems of promoting good reading among American children is, above everything else, a question of making good reading matter accessible, and here the parents' responsibility comes.

CAMPING

The camping movement in the United States probably has over 8,000,000 annual participants, of whom over 2,500,000 are under eighteen years of age. It is part of a well-nigh universal rediscovery of the out-of-doors by practically all of our population. With an automobile for every five running on 3,424,233 miles of highways, along and across uncounted thousands of miles of rivers and streams, with 179,116,728 acres of national and state preserves and parks, with increasing leisure a large portion of the population seeks the open spaces.

Of course, historically, America was a home of camping. The aborigines, the colonists, the armies, the frontiersmen, the railroad builders—all camped. Washington, Lincoln, Roosevelt, Hoover—camped.

In our machine age, camping, if well managed, with its wholesome regime, renders great service in balancing our nervous life. The Committee finds that camping is an attractive, relatively controllable, educational device, where spontaneous urges abound "to do" and to explore and to learn and to accept responsibility. In camping we "live with" and adjustments to others' personalities must be made. The social control is natural and is our own. Camping evokes the Robinson Crusoe in us. We improvise and make things.

The out-of-doors—wood lore, woodcraft, enjoyment and spiritual values are learned from nature, from necessity, from leaders, and from each other.

There are rich emotional movements—the intimacy of

the camp fire, the silent nights under the stars, the nearness to nature. Spiritual values are abundant—in worship, in personal counsel with leaders, in personal relationships.

Camping's appeal to childhood is strong. The Committee recommends a wider use of its values, more careful selection and training of leaders, and the organization of an inclusive national camping association.

COMMUNITY ENVIRONMENT

Interaction among the members of a home is necessary to form a home. Interaction among homes is necessary to form a community.

In a community neighbors usually live in more or less awareness of one another and of local public opinion, but that awareness is in many communities rapidly diminishing. It is advantageous, if there is sufficient similarity in standards and scales of living to make voluntary cooperative efforts feasible as the need arises.

Such environment is generally absent from the slum, from sections occupied by big apartment buildings which provide no parks or common recreative facilities, and from other residential sections where the social situation is such that families are able to carry on home life and rear children in utter unawareness of neighborly opinion and with no resort to neighborly cooperation.

The Committee notes definite relationship between community environment and delinquency, and recommends state laws similar to those in New York and New Jersey for city planning commissions, recommends more careful zoning and creating of residential areas so this community factor may operate in the lives of its children.

YOUTH IN INDUSTRY

When the army of 3,000,000 high school boys and girls throughout the United States have settled down to their

studies at nine in the morning, more than 4,000,000 youth eighteen years of age and under have already begun their day's work in factory, farm, bank, store, or office. In times of business slack, several hundred thousand of them will be standing in long application lines or hopefully awaiting their turn in employment offices. Another million, perhaps more, will be found at work for wages before or after school and on Saturdays. Approximately 279,000 boys earned $51,000,000 delivering papers last year!

Samplings show that one-fourth of them disliked school, one-third could not afford to stay in school, while another one-third followed traditional family practice and went to work.

The Committee has studied the ten-year records of 19,646 junior placements and finds that immediate opportunity, as offered through familiar tasks, is probably the major determinant in getting the first job. Thirty-seven per cent were aided by relatives and friends, 28 per cent got their own—two-thirds of them received almost no skilled guidance from social agencies. Once in the job (looked forward to as romance and escape from school into self-direction) the boy finds the actual job unlike his hopes. He changes to find the golden dream and changes again. In New York State's check-up on its sixteen to eighteen year olds, over half held their jobs less than six months; 40 per cent, three months; 27 per cent had held from four to ten jobs. In Boston, 53 per cent of the first regular positions lasted less than three months; 16 per cent less than a week.

In the chaos of these early years of adjustment is an opportunity for the far-visioned employers to see that investment in their junior staff pays real dividends in greater production and lower turnover and in a better employee.

The Committee's study of personnel practices of some fifty leading companies reveals a gradual but certain growth of junior personnel consciousness.

Apprenticeship is still a live device, with 150,000 paid

young learners. The Committee recommends further study and commends for other states the Wisconsin apprenticeship law. Seasonal changes and swings of the business cycle cause over 10 per cent time loss to our youth, one-third of whom when out are out two months or longer. This is tragic in that it disturbs routines and unbalances the worker for other hazards in his life.

To meet these conditions, the Committee recommends:

Industry should be regularized through a longer time policy unit which can adapt the industry to the business cycle and then control it.

More junior employment exchanges and coördination with school operation for most of those under sixteen, who should be withdrawn from the labor market.

Continuation schools for unemployed as well.

Vocational guidance during readjustments as a vital measure; even re-training for new work can be effected then.

That social agencies pay more organized heed to the employed boy and girl.

YOUTH AND RURAL LIFE

They are privileged children who grow up on a farm. There is something about the creative responsibility of agriculture and country life that makes for sound foundations.

Out of the Committee's thorough investigation of the influences of rural life upon children, the conclusion is that the children of the farm family, working from the time they are old enough to bring in the firewood, feed the chickens, and gather the eggs, receive a natural education which is without parallel.

The isolation of the farm, however, limits the farm family in its recreational and social contacts, both to the advantage and disadvantage of the farm boy and girl. It develops individualism, while many of the large accomplishments of mankind come through cooperation.

The rural youth is somewhat handicapped, too, in his

school opportunities. Recent data supplied by the Federal Office of Education indicates that about 71 per cent of urban children are enrolled in high school as against 26 per cent of rural children. There are still about 161,000 one-room and 20,000 two-room rural schools, while the average school year is about one and one-half months shorter in rural than in urban districts. Teachers in urban schools are usually also of higher grade than in county schools.

There is not great wealth in farming. About 60 per cent to 70 per cent of farmers make only a modest living, while 30 per cent to 40 per cent have too low an income for an adequate standard of living. One result of this is the necessity for 35 to 50 per cent of farm children to migrate from the farm in order to make their way.

ORGANIZATIONS IN RURAL AREAS

There are about twenty-five organizations with an active program for rural youth, but not over half a dozen are reaching any appreciable number with their program.

Of the agencies operating in rural districts, omitting schools and Sunday schools, the more important are: The Federal and State Cooperative Agriculture Extension System, which affects each year in a personal way between 3,000,000 and 4,000,000 farm men and women and about 800,000 rural boys and girls between the ages of ten and twenty; the county farm bureaus, which cooperate with federal, state and county governments in the above work; the National Committee on Boys' and Girls' Club Work, a private group which likewise cooperates with public agencies in promoting 4-H Club work; the organization known as the Future Farmers of America, composed of about 55,000 boys over fourteen years of age and organized into chapters throughout the United States as an outgrowth of vocational education school work, which is a strong potential organization dealing with rural youth; likewise, the Boy Scouts of

America, which estimates an enrolment of 221,000 Boy Scouts of all kinds from rural districts; the Y.M.C.A. which estimates its work touches youth in about 3,000 rural communities. Other organizations which are reaching youth in rural districts are: The Juvenile Grange, the Playground and Recreation Association of America, the Order of DeMolay, the Girl Scouts and Camp Fire Girls.

The 4-H Clubs represent an organization involving about one-third of the time of approximately 6,000 paid men and women, technically trained in agriculture and home economics; the voluntary assistance of around 60,000 leaders or sponsors of Boys' and Girls' 4-H Clubs, about seventeen per cent of whom have been college-trained; and thirty-eight per cent with high school training. This organization has a membership of around 800,000 boys and girls and costs approximately $7,000,000 annually. It is nation-wide, reaching into practically every township throughout the United States, and is part of the Cooperative Agricultural Extension System of the United States Department of Agriculture and State Land Grant Colleges. It is growing in membership at the rate of from eight to ten per cent annually.

Of the 800,000 membership, approximately 480,000 are girls and 320,000 boys. About 100,000 of the 800,000 are Negro boys and girls.

There are practically 11,000,000 boys and girls between the ages of ten and twenty in rural America, including villages and towns up to 2,500 population. Four-H Club work in 1929 enrolled about one in fourteen of these boys and girls.

Among the recommendations of the Committee are the following:

> That the program of the Department of Agriculture, the one agency outside of the school that is carrying on through its 4-H Clubs, a program far-reaching in affecting the life of rural youth both in an economic and social way, should be expanded. The laws affecting this work should be liberalized to permit of more

socialization activities and lend support to the enrichment of the program on the recreational and character-building side.

That the rural work of all organizations working with children and youth should be expanded and coördinated with the activities and program of the schools and the 4-H Club work.

YOUNG PEOPLE IN INSTITUTIONS

The 5,000 child-caring institutions in the United States standing in place of the parent, for their 1,200,000 inmates are viewed by this Committee from the angle of the institution as an educational institution with especial concern for so adjusting the individual child that he may "fit into" the world with happiness to himself and usefulness to the world, self-supporting, self-respecting. The institution provides largely their educational, health, play, recreational, and spiritual resources.

From this point of view the Committee has studied the various institutions of dependency, delinquency, and deficiency with respect to staff, training, probation, and aftercare, publicity, finance, plant, structure, and student participation, and has reached these specific conclusions:

Personnel and personality are of infinitely greater character and operating value even than plan and finances.

The individual student is the unit to be studied, known, aided into a growth into useful citizenship. To this end enrichment of program is essential.

The committee urges revamping of United States Government Handbook No. 170 on Institutions for Dependent Children and that data on institutions for delinquents be added.

CONCLUSIONS

Since approximately 40 per cent of the life of most of our children and youth is spent in spare-time activities and since these leisure-time activities exert so deep and important an influence in character formation; since health, learn-

ing, character, and concern about others are four cornerstones upon which life's structure rests—and since good health and keen minds are assets only when motivated by lofty character and social concern:

This Committee strongly urges upon homes, churches schools, neighborhoods, and civic units, wider use and support of leisure-time, character-influencing movements, and methods for enriching and motivating the lives of their children and youth. Specific proposals to this end are included in the detailed findings and recommendations of the committees on Churches, Girls' Work Agencies, Boys' Work Agencies, Neighborhood Agencies, Play, Safety, Motion Pictures, Commercialized Amusements other than Motion Pictures, Radio, Reading, Community Environment, Camping, Youth in Industry, Rural Youth, and Boys and Girls in Institutions.

The Committee therefore urges:

The careful study and use of these proposals.

The basic importance of activities and doing for child growth and development.

That outstanding trained leadership is the determining factor.

The practical recognition of the individual child as the unit of any program opportunity.

The necessity for interaction among homes as the basis of child-developing, growth-stimulating environment.

The cooperative re-aiming of programs and closer relationship between social agencies toward the elimination of "no-man's lands", and to do this so as to reinforce the basic, primary units of home and neighborhood.

SECTION IV

THE HANDICAPPED: PREVENTION; MAINTENANCE; PROTECTION

C. C. Carstens, Ph.D.
Chairman

STATE AND LOCAL ORGANIZATIONS FOR THE HANDICAPPED

SECTION IV—COMMITTEE A

KATE BURR JOHNSON, *Chairman*

THERE are many different experiments in the field of child care in the various states and territories of this country, yet there are still large areas in which there is no social service worthy of the name—where handicapped children in desperate need grow up and die without ever hearing of efforts in their behalf. This situation is largely the result of two conditions: lack of knowledge in regard to the needs of handicapped children and lack of means to promote child welfare programs. All children in need of care will not receive necessary service until there is a more general acceptance and practice of the fundamental principles of modern child welfare work.

Child welfare work of today is based on certain cardinal principles:

> The duty of government to assure to every child proper protection and support and opportunity to develop to his fullest capacity; and to safeguard family life in so far as possible from social and economic disorders.
>
> The responsibility of the government and private philanthropy to provide sufficient funds and adequate service to meet the needs of all handicapped children according to their individual requirements.

> The need for an organization of public and private social work that will insure the early discovery of all handicapped children, and the provision of needed care and individual service close at hand for as long a period as the need lasts; for a minimum standard of service to which all public and private child-caring agents must conform; for a coördinated and unified program of child welfare in every state and community in which each public and private agency has a definite place.

During the last decade certain noteworthy developments in child welfare work indicate progress in acceptance of these principles. These include: a greater extension of public aid to children in their own homes; more attention to the correction of economic and social evils endangering family life; awakening of local and state welfare departments to their responsibilities for the welfare of their children, and attempts to coördinate the activities of existing child welfare agencies into a unified program.

PRESENT PRACTICES IN CHILD WELFARE WORK

On the other hand, the tendency to believe that one panacea will suffice for treating all children in need of care still exists. This has led to the establishment of a multiplicity of agencies of the same sort, to the exclusion of other kinds of agencies as much, if not more, needed. There has been too great an emphasis on providing care for children away from their own homes. Few agencies have been equipped to prevent or remedy conditions disruptive to family life or hostile to child welfare. Neither have there been many organizations, public or private, to reconstruct families from which children were removed, and to which a great number ultimately drifted back.

FEDERAL GOVERNMENT AND CHILD WELFARE

Broadly speaking, the powers of the Federal Government in child welfare are restricted to the conduct of research, the

collection and dissemination of information, the development of a consultation service to assist the states in developing their special services, and sharing, with the states by use of the grant in aid, the cost of work which meets required standards of proficiency. To this end the functions of the United States Children's Bureau should be extended and its resources increased.

Grants in Aid. Grants in aid constitute the most effective basis for national and state cooperation in promoting child welfare, and in securing the establishment of that national minimum of care and protection which is the right of every human citizen. Such grants are already an established governmental procedure in this country and have been widely used in England.

Certain matters, traditionally regarded as of exclusive state concern, are so colored by a national interest as to justify and require assistance from the federal treasury. Federal aid is provided also for those activities which are not already well developed by the states, but which need the stimulus of such aid to insure their initiation and healthy growth. The states are individually and collectively free to accept or reject this federal aid, and no state is eligible for it until the legislature has declared its acceptance by legislative enactment. The project for which aid is accepted is administered by the state and its subdivisions. The principle of local administration and control is preserved. The initiative of the states is stimulated and their active acceptance of responsibility is insured by the requirement that the states must contribute their own funds in order to be eligible for federal aid. The required approval of the federal authorities for the state plan of operation, and their periodic visitation and inspection of state administration provides an effective method for securing the desired national minimum of efficiency without jeopardizing local autonomy.

Every state has accepted some form of aid and most of the states have accepted all the varied forms of assistance.

Not only have the states matched federal funds, they have exceeded them in every instance.

Grants in aid constitute a governmental technique peculiarly fashioned to the needs of the American people and nicely adjusted to the American governmental structure under its constitution. This policy is not one to be narrowly construed and suspended at the earliest possible time, but should be regarded as a permanent block in our governmental pyramid which should be built upon more extensively as time goes on.

Grants should be extended to the states for social welfare purposes as they are now given for the extension of health and education, and to promote the proper care and protection of the independent, delinquent, and handicapped child.

These grants should not be made in a haphazard and unplanned fashion merely in response to the pressure of this or that group which may be especially interested in some particular activity for which aid is sought. The whole question needs thorough study and statesmanlike declaration of policy, in the light of which every specific proposal may be considered and acted upon.

THE STATE AND CHILD WELFARE

The state has a distinct responsibility to see that all its children are protected, given proper support, care, and education, and are provided with opportunity so that each may develop to his fullest capacity. In meeting this responsibility states are brought into relationship with the Federal Government on the one hand, and local governmental bodies and private child-caring agencies on the other. It is essential, therefore, that every state have a central authority through which these relationships may be maintained.

State Welfare Departments. Since a state welfare department, preferably with a division providing the various services needed for the care of handicapped children, is the

best means for exercising this authority, such a department should be found in every state, territory, and possession of the United States.

During the past two decades, a number of states have reorganized their welfare boards or departments and created authorities headed by a single executive appointed by the governor. While this may allow swifter action than is possible with a supervisory board, it may fail to provide for continuity in the personnel in important positions, since a change in the state administration may mean an extensive change in personnel. Under the conditions of present-day political organizations the continuous, unpaid board with authority to appoint the executive and to determine policies offers greater safeguard than any other form.

It should also be noted that no form of organization can insure freedom from the influence of a spoils system. An increasing understanding on the part of the public of the professional aspects of the work will result in a demand for continuity of service that has proved valuable, offered leadership, and advanced standards.

The welfare of handicapped children will not be handled in a way to insure their individual well-being, and at the same time the protection of the community, until the administration of child care, no less than that of the public schools, is removed from the uncertainties of shifting political influence.

Essentials of State Programs of Child Welfare. Every state should furnish leadership, set standards, promote social work programs, and stimulate protective work for dependent, neglected, delinquent, and physically and mentally handicapped children.

Every state should secure for physically handicapped children the medical care, education, and social service that their handicaps require; make adequate appropriations for the state's child welfare activities; and maintain adequate standards in reference to qualifications and size of its staff,

in relation to the work undertaken, and to the quality of its service; and should free each welfare program from domination by partisan politics.

These requirements involve important relationships of state departments of welfare to other departments in the state government, to local public and private welfare organizations, to the welfare authorities of the Federal Government and of other states, to the legislature and to the general public; and these relationships should be thoughtfully worked out.

Educational Publicity. It is the duty of a state welfare department to promote social work programs and to stimulate interest in the adoption of proper standards of child care. By conferences of local and state officials and private social workers, the publication of bulletins, short courses of instruction, intelligent gathering and interpretation of child welfare statistics, the sources and causes of child distress will be made known and practical remedies applied. It is sound policy for a state to urge upon local governments the need of comprehensive public service to children.

State Supervision. The state, through a welfare or other appropriate department, should maintain effective supervision over all institutions and agencies having the care of variously handicapped children; and should set up and enforce, through licensing or other form of direction or control, at least minimum standards of work so as to insure to children under institutional care or in foster homes—either free or at board—proper care, education and protection.

The articles of incorporation of new, private child-caring organizations should be granted only upon the approval of the state department responsible for their supervision.

Interstate Relationships. Every state welfare department should contain a division authorized and equipped to handle all cases of an interstate character, especially those which require agreements with other states in reference to the treatment of children, who are to be either returned to or

recovered by the state authorities. Principles of sound case work and interest in human welfare should be applied to the solution of these problems.

There is need of leadership on the part of the Federal Government in defining and promoting an American standard of living and the rights of childhood which may be accepted as a "national minimum." The widespread recognition of such a minimum would affect profoundly the health, happiness, and general welfare of all children throughout the country.

It would seem both possible and desirable to establish in the public mind a minimum beyond which any state might rise as far as it will and below which it falls at the peril of common disapproval. The strength and intelligence of children is not a matter of exclusive concern to the state, because the general standard of citizenship throughout the country is a question of national importance. It is an axiom of finance that "cheap" money will debase a sound currency; just as surely will a growing body of incompetent citizens lower the vitality and dilute the strength of the American people. Impoverished children will ultimately impair the credit and efficiency of government from the nation to the smallest village. The problem, then, is one which affects both the state and the nation and calls for suitable and appropriate cooperation between the two if permanent improvement is to be achieved.

Since the lack of any "national minimum" of child welfare work makes interstate problems peculiarly difficult of adjustment, it is recommended that the voluntary association of public officials organized on a national basis should consider the problems involved in these interstate relations, and should take action looking toward their solution. A further extension of regulation and supervision of children placed in foster homes outside their own states is needed. State welfare departments should realize their responsibilities for these non-resident children.

Direct Care. Certain obligations for the direct care of children are also within the scope of state welfare or other state departments, with special responsibilities for the care of those delinquent and mentally handicapped children who may be in need of education and special training, for which only the state is adequately equipped.

For instance, when the state has received the custody of a child, it should make every effort to keep him, while under care, in his own community, and, furthermore, to return him to his own home as speedily as possible. Whenever a state undertakes to provide direct care for dependent children, its standards of work should be at least as high as those required of other agencies.

Because of the inadequacy of public poor relief and other local resources for the protection of family life, many states have felt it necessary to accept actual guardianship of destitute and neglected children; and have established state institutions or have placed out children in boarding homes, by indenture, or in free homes. With greater emphasis in recent years on home care of dependent children, expressed through public aid to children in their own homes, and the establishment of protective care under local juvenile courts, a decreasing number of children should be separated from their own families in the future.

It is sound policy for the state to thrust back on local units responsibility for every kind of service for handicapped children which the local community is able and competent to administer. The state department should help to develop these local units and is responsible also for the development of a program for standardizing and coördinating their activities.

Budgets for Welfare Work. A welfare department should have as much of an opportunity to develop its program as education and health departments have; and it should have financial support in proportion to its needs.

Leadership and funds for social work, either from private

philanthropy or from taxation, are seldom found in isolated communities; and therefore the community with least wealth is often in the greatest need of social service. The state may meet this problem, not by assuming all responsibility itself, but by extending money grants to those poorer communities which lack private resources and are unable to provide the needed service from their own tax funds. It will then give supplementary state care only to those handicapped children whose needs have been proved to require treatment either too costly or too specialized to be furnished economically or efficiently on a small scale. This sharing of costs between state and local governments has been found useful in the education and health fields and should be extended more generally to public welfare.

LOCAL UNITS FOR CHILD CARE AND PROTECTION

There is general agreement that some governmental unit should be responsible for seeing that handicapped children receive protective care and, when necessary, support. There is no uniformity in the different states, however, as to which political unit shall act or what form the administering public agency shall take, or of what the "care" shall consist.

Program. Whatever unit is entrusted with the care of handicapped children, its program must include provision for all types.

It must be equipped with a field service to discover the children who need care and protection, to inquire into their circumstances, and to devise and carry through individualized treatment.

It must provide for family adjustments with home relief when necessary.

It must protect, care for, and support dependent, neglected children.

It must supply medical and mental diagnostic and remedial services for specialized treatment, and custodial care for certain types of children.

It must be supplied with sufficient public funds to pay the salaries of persons qualified by training and experience to deal with the intricate problems of child care, and also to pay for the support of children who need support, either in their own homes or elsewhere.

Types of Welfare Units. The county is, in most parts of the country, the most practical unit for the general administration of child care. The majority of problems of handicapped children require study and treatment by an agency which is near-by.

The state is too far removed to assume case-work responsibilities within the counties, or to influence directly local conditions which are creating dependency and delinquency, or are contributing to physical or mental disorders.

The township is too small a unit for social service administration, both because the number of cases to be dealt with is comparatively few, and also because the basis of taxation is too limited to meet the necessary costs of the service.

The most promising form of organization for child care and protection is a county welfare board with administrative authority. The board should be large enough to insure group judgment, but small enough to be a manageable unit, probably with a membership of five or seven. The members should serve without salary and should be appointed for overlapping terms.

To this board should be entrusted the direct administration of an inclusive program of child care, the employment of qualified professional workers, and authority to expend the public funds appropriated for welfare purposes to the best advantage.

Welfare, Health, and Education. Every county or locality should have a board of welfare, a board of health, and a board of education—the three serving the same political unit, and so related and their work so integrated that the full service of each will be available for all handicapped children.

State and County Responsibility. Administratively, responsibility should rest with the county for all services to any child until, after substantial case work treatment, such child, for good cause, has been permanently removed from his family; or until a determination has been made that, for given reasons, he requires the specialized care that only the state can provide.

Need, Not Cost, to Determine Treatment. Children are now frequently torn from their families permanently and sent to an institution supported by the state, although home adjustments and relief at local expense might meet their needs; or, instead of their being cared for as dependents at town expense, they are taken into court and declared delinquent, so that a county will pay the cost. These practices are common and for them there is no excuse. It should be emphasized that the treatment accorded each child must be determined solely by his needs, and not by reason of what tax unit can be made to pay for the cost of his care.

Transfer of Administrative Duties from Juvenile Courts. In many states the juvenile court has been entrusted with administrative as well as judicial duties, such, for instance, as determining dependency and granting mothers' aid. Such functions belong under the executive rather than the judicial branch of government. Questions of support do not usually require judicial consideration; and the atmosphere of even our most socialized courts is not entirely devoid of association with legal compulsion and wrong-doing. The court by very reason of its judicial character is likely to hear of cases only after an extreme situation has already developed, so that the most promising period for preventive work has already passed before the court first hears of it. When local administrative units of child care are organized, non-judicial duties should, as speedily as possible, be transferred thereto from the juvenile courts.

Equalization of Costs. A child's opportunity for development should not be determined by the locality in which he

was born. The vast difference in the wealth of counties and the likelihood that the poorest localities will require relatively more service and more money for support, makes it imperative that some plan of equalization be adopted so that state and national funds may help meet the costs of county child welfare programs, as they now contribute to the cost of schools.

PRIVATE SERVICE TO HANDICAPPED CHILDREN

The most important development in the field of private child welfare activities today is the interest in community organization and in coördination of effort in behalf of all handicapped children.

Group thinking and joint planning, based on the results of research concerning community needs, lead to concerted action for rousing public opinion to correct anti-social conditions; for improving standards of work; for securing more adequate funds for both public and private child welfare organizations; and for proper allocation of funds.

Community Programs of Child Welfare. Joint financing of private social agencies through community chests is, as yet, much more common than community engineering provided for through councils of social agencies. Where these exist, usually in the larger cities, they rarely extend their activities to other than urban areas.

There is likely to be a multiplicity of agencies in populous districts as more private wealth is usually available there for investment in social service. Community planning, therefore, in such districts becomes a measure almost of self-defense.

The need for group thinking and action in behalf of handicapped children is, however, by no means confined to cities. County and other rural districts are often without the funds or the leadership to deal with their child welfare problems. A progressive state welfare department with edu-

cational leadership can influence these situations. The private agency, too, has a distinct obligation to recognize the need of an extension of community action and should look to its state welfare department for assistance in planning for a wider community program.

National Private Agencies in the Community Plan. National private social work agencies do not usually deal with the problem of individual handicapped children but they do affect community programs for them, stimulating local interest in and understanding of certain needs of child welfare, suggesting the best methods of meeting these needs, and standardizing the service that local agencies are organized to give.

The national agency should also stimulate state leadership in recognizing problems that perhaps have been overlooked.

It is a hopeful sign that an increasing number of institutions and foster home societies are making provision for care of children outside of their homes only when they have been proved definitely in need of it. Coupled with this is a greater interest in returning children to their own families as soon as this may be done wisely. The integration of careful case work service in all child-caring organizations is essential and slowly its importance is being recognized.

Relationships between Private and Public Agencies. One of the great responsibilities which every local unit has is to give its private agencies, whether religious, or secular, the fullest possible opportunity for development, since the public unit's own development, and sometimes its very life, depends upon the intelligent interaction of public-spirited citizens. If public service is to be effective it must have the participation and stimulation of citizens. The ignorant citizen is a menace in social service as elsewhere. Private service that is intelligent and friendly to the development of good public service may provide, through fearless but tactful criticism, that corrective which keeps public service

attentive to its own tasks. The private agency can point the way of service to the few—the public must be in a position to apply these principles to the many.

Private resources have never been adequate to solve all social welfare problems and only the state can exercise the police power necessary to achieve welfare objectives, particularly in respect to delinquent and neglected children. But it is important to keep clearly in mind that citizens have an inherent right, both individually and through associations, to undertake any form of social welfare work which is not detrimental to the interests of the state. Public authorities should undertake only those responsibilities which cannot be satisfactorily fulfilled by citizens themselves through their own private efforts. The state must always retain the right to supervise the activities of the citizens, and must stand ready to supplement their efforts.

The financial relationship between the public and private agency is a perplexing one. There are few parts of the country where appropriations from tax funds to private organizations are not made in one form or another.

In times past these public contributions to private agencies were generally for a wider variety of services than is now the case. The states or the local public units are increasingly equipping themselves to provide for the mentally handicapped, the delinquent, or the tuberculous, and in proportion to the development of their own resources their payments to private organizations for the care of these classes of children have diminished. The majority of public payments to private child-caring organizations are now made for the care of dependent children. If the public makes payments to private agencies there is danger that the private agency will expect the state to carry more and more of the financial burden.

Because of the intricacy of these problems, their widespread occurrence and their influence on the development of future programs of child care, a further study should

be made of the relationships between private child welfare organizations and the public.

SOCIAL STATISTICS

All of the agencies caring for any kind of handicapped children, physical, mental, or social, should have a minimum statistical record prepared and collected both for the month and for the year.

In every state there should be some state authority that collects the material on this uniform basis, analyzes it, and makes use of it.

The National Government should collect these statistics on the same basis, and further, perhaps monthly and annually, and pending the time that we can get something that is adequate by the National Government, this 1933 Census should collect data somewhat after the 1923 manner, but very much better, for all of these groups of handicapped children. These steps should be taken more systematically in the ten-year census, but pending that, the National Government should take that census.

SUMMARY OF CONCLUSIONS

Recommendations presented for consideration:

There is needed, throughout the United States and all its possessions, a comprehensive service to provide in every community for handicapped children according to their individual needs for as long a period as those needs last.

There should be in every state, territory and possession of the United States a welfare department with special responsibilities for children; and there should be available in every jurisdiction, well coördinated, the various services necessary for the protection and care of handicapped children.

Welfare departments should have responsibility for establishing and maintaining adequate standards of care in all child-caring agencies, both public and private, and for promoting programs of social work.

In every state there should be a system of public administrative units, usually organized on a county basis, to render such services to children as local units are able and competent to perform.

The facilities of the Federal Children's Bureau are needed to collect and supply information, to offer assistance in the form of investigation and consultation, and to conduct research in the fields in which there are as yet unsettled problems. The activities of the Bureau in the field of maternal and child hygiene are of the greatest social importance and should be continued as an integral part of its program.

Both federal and state grants in aid, accepted in the fields of education and health, should be further extended in the field of public welfare in order to make possible the development of effective local units of service.

Child-welfare organizations, public and private, should participate in promoting a unified plan of service to children, since all social effort is one in purpose; each organization should have a flexible program to permit growth and adaptation to changing social needs.

Programs of child welfare can be made effective only by means of sufficient and properly qualified personnel.

PHYSICALLY AND MENTALLY HANDICAPPED

SECTION IV—COMMITTEE B

WILLIAM J. ELLIS, LL.D., *Chairman*

A BILL OF RIGHTS FOR THE HANDICAPPED CHILD

IF we want civilization to march forward it will march not only on the feet of healthy children, but beside them, shoulder to shoulder, must go those others—those children we have called "handicapped"—the lame ones, the blind, the deaf, and those sick in body and mind. All these children are ready to be enlisted in this moving army, ready to make their contribution to human progress; to bring what they have of intelligence, of capacity, of spiritual beauty. American civilization cannot ignore them.

THE HANDICAPPED CHILD HAS A RIGHT:

1. To as vigorous a body as human skill can give him.
2. To an education so adapted to his handicap that he can be economically independent and have the chance for the fullest life of which he is capable.
3. To be brought up and educated by those who understand the nature of the burden he has to

bear and who consider it a privilege to help him bear it.

4. To grow up in a world which does not set him apart, which looks at him, not with scorn or pity or ridicule—but which welcomes him, exactly as it welcomes every child, which offers him identical privileges and identical responsibilities.

5. To a life on which his handicap casts no shadow, but which is full day by day with those things which make it worth while, with comradeship, love, work, play, laughter, and tears —a life in which these things bring continually increasing growth, richness, release of energies, joy in achievement.

There are more than 10,000,000 children in the United States who are "handicapped"—in the sense in which the term is here used—i. e., children who are blind and partially seeing, deaf and hard of hearing, crippled, who are mentally deficient or disordered, who are suffering from tuberculosis, cardiac or parasitic diseases.

Of the total number of handicapped children, it has been estimated that there are in the United States:

3,000,000	children with impaired hearing
17,000	of which are deaf
65,000	visually handicapped children of which
15,000	are blind, and
50,000	partially seeing
300,000	crippled children
400,000	tuberculous children and
850,000	suspected cases of tuberculosis
450,000	children with cardiac limitations

2,500,000	children with well-marked behavior difficulties including the more serious mental and nervous disorders
6,500,000	children who are mentally deficient (as newly defined)
850,000	of whom are definitely feeble-minded and
5,650,000	who are intellectually subnormal
150,000	epileptic children

These figures indicate that the problem of the physically and mentally handicapped child constitutes a challenge to the Nation. The preparation of the handicapped child for life's work calls for the enlistment of all available resources and for a coördination of the efforts of all agencies working in his behalf.

Although the movement in behalf of these children is already progressing with an acceleration that is encouraging, the results achieved are as yet far from satisfactory. This is due primarily to lack of comprehensive knowledge of the problem and to lack of adequate facilities for diagnosis, treatment, and training.

There are large numbers of physically and mentally handicapped children who are now or will later become social and economic liabilities unless society is aroused to meet its responsibility.

The new and intelligent approach toward a consideration of the problems of the handicapped child is that he is no longer to be regarded as a liability, but rather, as a potential social asset. Therefore, in work with the handicapped, we must develop a wholly constructive attitude—an attitude permeated with effective optimism.

The needs of the physically and of the mentally handicapped child in general are the needs of all children. The handicapped child should be so guided that his aptitudes and abilities may be given the fullest possible development and that his life may become one of usefulness, success, and hap-

piness. He requires, however, more intensive application of medical care and of social, academic and vocational training in order fully to realize his potentialities.

A COMPREHENSIVE PROGRAM

A comprehensive plan to prepare the physically and the mentally handicapped child for life's work must include:

Early discovery and diagnosis which will determine the nature and extent of the handicap while it is in the incipient stages and when the greatest possible benefit may be secured from care and treatment.

Curative and remedial treatment which will enable the handicapped child to function, physically and mentally, as normally as possible, this treatment to be available to all handicapped children regardless of financial circumstances and to be a continuous process until a proper adjustment has been effected.

Education which will be as broad as is consistent with the mental and physical powers of the child, designed to develop fully the handicapped child's latent abilities.

Vocational adjustment including educational and vocational guidance which will discover the handicapped child's general abilities and aptitudes, interpret his vocational significance, and secure for him that type of general education and vocational training through which his vocational objectives may be achieved.

Protective legislation which will make a comprehensive program for the handicapped fully effective, safeguarding the interests of the handicapped as well as the employer.

Research which will determine the fundamental causes of mental and physical disabilities and discover the most effective methods of prevention and control of all handicaps.

National and central state agencies which will provide for the integration of national, state and local educational, vocational, industrial, health, and welfare activities in a comprehensive plan on behalf of the handicapped child.

THE DEAF AND THE HARD OF HEARING

It is safe to say that approximately 3,000,000 children have impaired hearing. All of these children need medical attention, and many (no exact figures are available) should also receive lip-reading lessons and sometimes speech correction.

Scientific instruments (audiometers and acoumeters) are now available for the rapid and sufficiently accurate measurement of hearing difficulty, and the results of school surveys made with these instruments are encouraging.

Special lip-reading classes are now provided in more than sixty city school systems. In some cases, hard-of-hearing children need to have all of their regular school work given in special classes, under the guidance of teachers trained in work with the hard of hearing. The establishment of these classes and lip-reading classes has not been widespread and is only a step of the desired program.

Suggested Program

Early discovery of auditory defects is necessary if maximum benefit from the treatment is to be gained. The results obtained from surveys concerning the use of scientific apparatus prove the urgency of extending this measure to cover every child in the United States. Only then can the hard-of-hearing child be discovered and properly classified.

Schools for the deaf could be greatly improved, but this improvement should be based on a thorough study of the problem. The teaching force and curriculum need also to be considered in the light of new findings.

The hard-of-hearing child in the great majority of cases can receive his education successfully in the ordinary public or private schools, provided he receives certain special attentions from his regular teachers and that special classes in lip-reading and speech are maintained. Nursery schools

would help these children to enter the school system less retarded.

Much research is needed in the field of the deaf, such, for instance, as:

A thorough study of the results of the vocational training carried on in the schools of the deaf.

Further research along the lines of lip-reading and speech teaching.

Intensive scientific study of deaf infants for the contribution which may be made to the fundamental problems of deafness.

Special scales for the measurement of mental capacity and educational progress applicable to the deaf.

To get at further means of preventing the condition, proper medical care of the individual cases can do much, and the improvement in public health work has a considerable preventive value. Physiological and pathological studies of the ear and ear conditions must be fostered and extended. To these ends, the surveys of school children and of adult population through the use of instruments and techniques adequate to measure the hearing capacity are fundamental needs.

THE VISUALLY HANDICAPPED: BLIND AND PARTIALLY SEEING

Only rough estimates can be given concerning the number of visually handicapped children. For the blind, the best estimate would seem to be 15,000; for the partially seeing, 50,000; but these figures are open to question.

In schools and classes for the blind, only about 5,900 children are being educated, not more than 425 of these being in day-school classes. It is certain that some of those 5,500 in the residential schools might more properly be assigned to sight-saving classes. There are sixty-one schools for the blind in forty-one states. Of these schools, nineteen are dual in character, that is, for the deaf and the blind;

fifteen are either departments or separate schools for the colored; eleven are private schools.

Although the present number of residential schools is quite sufficient, many of them need to have their staffs increased and improved and their facilities extended. Because of the importance of reasonably safe but active physical exercise, many items which might seem extravagant in other publicly supported schools are essential here—swimming pools, for instance, skating rinks, and good gymnasiums. As yet few schools can boast adequate play equipment. In only eighteen cities do the school authorities provide braille classes for the blind children coming under their jurisdiction.

Sight-saving class instruction is furnished by ninety-three cities having a total of 348 classes; there are also two classes in counties, demonstrating what can be done for partially-seeing children in semi-rural communities. However, less than 5,000 children are served by these ninety-five classes. For the others, especially those in rural communities, little has been accomplished.

Recommendations

It is recommended that:

The care and training of preschool blind children be subjected to careful study.

All schools for the blind be given effective supervision by state departments of education.

The educational facilities of residential schools for the blind be made more closely commensurate with existing needs.

A study be made of the special educational needs of blind children throughout the twelve grades, in both residential and day-school classes.

In so far as increased educational facilities in the public schools for the visually handicapped are concerned: more braille and

sight-saving classes be established in the elementary schools; that adequate educational facilities for braille and sight-saving pupils be established in the junior and senior high schools; and that an effort be made to provide for sight-saving and braille classes such supervision as will insure adequate protection of their interests.

A committee be appointed to study the possibilities of training for social intercourse and to present a body of suggestions which may serve as guides to educators and parents, in order to further the normal social development of blind children.

Because of the vital importance of a well-poised, attractive personality to the future success and happiness of blind children, steps be taken immediately to establish a psychological service available to organizations for the blind throughout the country, the duties of which will include clinical service, study of personality problems, and vocational and educational research of a psychological nature.

There be appointed a commission consisting of representatives of industry, labor, the general public, and workers interested in the welfare of physically handicapped children, to make a study of ways and means of increasing the vocational opportunities of handicapped children.

A study be made of the vocational problems of college-trained blind people.

A more adequate provision be made for the training and after-care of the deaf-blind.

A study be made by those interested in the education and care of the blind and of the feeble-minded to effect some agreement as to placement of responsibility for the training and care of the blind-feeble-minded.

In order that the professional status of the work for the blind may be raised, a committee be appointed to prepare a set of minimum standard requirements for entrance into the different branches of the work, and to suggest ways of attracting to the field the highest caliber of workers.

The Federal Census Bureau be asked to make available as complete data as possible regarding the visually handicapped population of the United States.

A survey be made to ascertain the needs of visually handicapped children in the territories and dependencies of the United States and the adequacy of facilities for meeting them.

THE CRIPPLED

The crippled occupy the attention of more volunteer and professional agencies than any other type of child service. In spite of this fact there is as yet little definite knowledge of the numerical extent of the problem. An exhaustive study of the needs of crippled children proved to the Committee that the number of crippled children in the United States may be put at 300,000.

In order to limit its scope the Committee has accepted the following definition of a crippled child in the orthopedic sense:

> A crippled child is one whose future capacity for self-support is threatened by disease or defect of the bones, joints, or muscles.

During recent years, facilities for the care and treatment of crippled children have been considerably augmented. Possibly the greatest recent advancement has been made in the support of clinical and rural diagnostic facilities. Several states now provide for such clinics by statute. Nevertheless, the present facilities for constructive and complete care for all cripples in the United States are far from adequate.

A Suggested Program

In a complete social and educational program for crippled children, they should be treated, in so far as it is possible, as normal children. Potential causes of crippling should be discovered in order to remove as many handicaps as possible.

Orthopedic surgery must be followed by adequate after-care, including plans for education and placement. The waste entailed by orthopedic surgery without adequate after-care has been one of the tragedies in the story of the crippled child. The problems of the later adolescent and early adult years are more acute and less adequately provided for than those of any other age group.

Every state should be encouraged to plan and to persist in a definite program of prevention. Special research into the prevention of the causes of crippling should be generously supported. Infantile paralysis, tuberculosis, rickets, and cerebral palsy lead the list of diseases that make orthopedic care and special education necessary. We know that much of the damage done by these diseases can be largely, if not wholly, prevented.

A complete state program for care of crippled children may be so outlined:

> That every state have laws and machinery so that all crippled children must be reported to some responsible department—city, county, or state.
>
> That specialized medical and surgical care be made available; that this care include the special therapies and appliances and that the quality of all services be safeguarded.
>
> That a proper distribution of beds for acute, convalescent, and custodial cases be secured and that adequate follow-up service and parental cooperation be planned.
>
> That every crippled child, wherever he may be, receive an education at public expense and that this education include vocational guidance, training, and placement, of a type that will secure and safeguard remunerative employment.
>
> That wherever necessary, public funds be provided to assist in securing the above services.
>
> Last and very important, that the general public be kept interested through the human touch which enlightens and enlivens everybody to the importance of the rights of crippled children and the economy of fitting them into the normal life of their communities.

A constant evaluation of the end-results of years of work is needed in order that we may know what successes may be copied, what failures may be provided, and what may be estimated as the approximate cost of a well-rounded program of adequate care for a crippled child.

While it is recognized that local conditions must control the amount and type of service rendered to any crippled child, it is both economic and humanitarian to see that states are encouraged to give every crippled child a fair chance. There need be few crippled adults if we stress "prevention" and "early, adequate care" of the potential or the actual crippled child.

INTERNAL CONDITIONS (TUBERCULOSIS, HEART DISEASE, AND INTESTINAL PARASITES)

Tuberculosis

The incidence of tuberculosis infection among school children has been found to vary from 10 per cent to 90.2 per cent in different cities and states, depending upon the opportunity for exposure to tubercle bacilli. The incidence of tuberculosis as a clinically manifest disease among school children varies from .5 per cent to 3.5 per cent.

The deathrate from tuberculosis in the "teen" age group has not declined in the last decade as rapidly as at other age periods, nor as rapidly in girls as in boys of this age.

Two types of tuberculosis exist in childhood—the childhood type and the adult type. The treatment of the childhood type is aimed toward protection of the child himself. In the adult type, the possibility of infecting others must be an additional consideration.

The underlying medical principles involved in the protection of tuberculous children include: early detection; provision for adequate medical service; medical care to include restriction of activity for conservation of strength and pre-

vention of undue fatigue; provision of adequate nourishing diet; and maintenance of personal and environmental hygiene.

There appears to be a growing tendency to place greater confidence in restricted activity and increased nutrition rather than the undue emphasis hitherto placed on air and sunlight, without in any way detracting from the values of those factors.

Open-air schools, day camps, open-air camps, sanatoria appear to have their place in an effective program.

For active cases of tuberculosis, the sanatorium is probably one of the best places yet provided, if it be regarded and used as an institution of training and instruction, and where the benefits to be derived from such a regimen are demonstrated to the patient himself, so that he may later return to his home, or to some place outside of the institution, with a better understanding of his condition and the ways in which it may best be cared for.

A survey conducted by the National Tuberculosis Association in 1930 shows that there are 10,083 beds in institutions provided for tuberculous children. Of this number 8,357 are in sanatoria and 1,726 are in preventoria.

The last survey of open-air schools in the United States, made in 1926, shows 245 cities in thirty-eight states have a total of 1,006 open-air schools and open-window rooms, with a capacity of 32,024.

Heart Disease

Figures generally accepted, determined by intensive studies on large groups of children, chiefly in the school age, place .5 to 1.5 per cent of children among the five functional classifications of cardiac involvement generally recognized. There are approximately 45,000,000 children under nineteen years of age in the United States and 1 per cent would indicate that about 450,000 children in the United States

need supervision and periodic examination and advice to get the most out of life in spite of potential or real cardiac limitations.

The medical principles underlying protection of heart disease in children are: early detection; cooperation between the home and the school; continuous medical supervision so that each child can carry on activities as nearly as possible in a normal way.

The medical principles underlying prevention of heart disease in children are: avoidance of infectious disease; convalescent care sufficiently prolonged to allow full restoration of functions; and full healing of the pathological process before an ordinarily active life is resumed.

Education for prevention of infectious disease and for proper convalescent care is really the only preventive measure known against heart disease.

Intestinal Parasites

Hookworm and ascaris are essentially pioneer rural problems associated with ignorance and isolation. The medical principles underlying protection include early detection and medical care. Control and preventive measures are now a regular part of well-organized health departments in communities where these diseases are prevalent.

PROBLEMS OF MENTAL HEALTH

Mental health implies an adjustment of human beings to themselves and to the world at large with a maximum of personal and social effectiveness and satisfactions. The highest degree of positive mental health permits the person to realize the greatest success which his capabilities will permit, together with the maximum of satisfaction to himself and society and a minimum of friction and tension.

There is no sharp line irrevocably dividing those who are mentally ill from those who are mentally healthy. The two

conditions shade into each other by minute graduations, and the precise point at which mental health passes over into its opposite, mental ill-health, depends on social judgments that vary with time and place. Those gifted with the best of mental health present more or less discernible flaws, commonly called "peculiarities" or "difficult spots."

Mental Health Efforts

In spite of the desirability of promoting positive mental health, it must nevertheless be admitted that the present state of public opinion, the scanty financial and personnel facilities available, and the presence of vast and pressing problems due to mental ill-health make it necessary to develop a program. Any program that is immediately practicable must have as its chief emphasis the alleviation and prevention of recognizable mental ill-health. Although almost half a million inhabitants of the United States are now undergoing treatment for the graver mental disorders, this number is a relatively small percentage of the total population, and is almost insignificant when compared with that vastly large number whose mental illness is evidenced by minor twists and distortions of personality.

The Social Importance of Prevention

The early detection and treatment of these lesser mental maladjustments would strike at the very root of many of our most pressing social problems, for these problems often have mental health implications.

Mental disorders are often caused by injuries, infectious diseases, and distinctive processes of the neurological structure. Little is known of the causes of these organic disorders (which constitute an important part of the problem and are responsible for some of the most stubborn types of mental abnormalities). The acquired functional disorders, however,

account for the majority of cases of mental ill-health. The fact that they have often been successfully dealt with by special non-organic measures opens up a wide range of possibilities for furthering mental health.

Mental Hygiene of Childhood—a New Approach

Because many if not most organic disturbances wreak their greatest havoc in the years of childhood, and because situational factors that distort personality development exercise their greatest effects during the first six or seven years of life, the mental hygiene of the future must concentrate on the childhood period. The striking results achieved by early workers in the field have demonstrated the value of this new approach, for the plasticity of the human organism during childhood makes possible not only the inculcation of desirable character traits, but also the modification of undesirable traits already established. Hence childhood has aptly been termed the golden period for mental hygiene.

Because half of all the psychoses occurring among persons under twenty years of age have proved amenable to non-organic treatment, early detection and prompt treatment of tendencies which may issue in such disorders may reduce markedly the general incidence of serious mental ill-health.

There can be little doubt that the effects of situational factors upon personality are of predominant importance in the functional disorders. A proper combination of situational factors will sometimes prevent the occurrence of mental illness in cases that formerly would have been assumed to be predetermined to "insanity."

Mental Ill-Health among Children

A study of the incidence of mental ill-health among children, which is essential in formulating a preventive program,

shows that at present almost 10 per cent of all psychoses occurring in persons under twenty years of age may be traced to epidemic encephalitis.

Those under twenty years of age suffering from epilepsy constitute almost one-fourth of the total number of epileptics.

Dementia præcox, a variety of psychosis which, although of uncertain origin, is being increasingly regarded as functional, accounts for over 35 per cent of all commitments to institutions of patients under twenty years of age; indeed, it constitutes the largest single classification in this or any other age period.

Even as early as four years of age, it has been shown that more than 35 per cent of the apparently normal children of self-sustaining families, average in intelligence, have detectable behavior difficulties.

Major Zones of Program

There are four major fields in which facilities for promoting mental health are now operative: remedial work for the mentally ill; therapeutic prevention; constructive prevention; and research.

There is urgent need for remedial work for the obviously mentally ill, through a wider extension of facilities for the care of early and acute cases of the graver mental disorders of all age groups. This may be done through (1) psychiatric ward facilities or departments in general hospitals, (2) psychopathic hospitals, and (3) state mental hospitals. In one way or another there should be provision for competent medical and nursing care with a minimum of restraint and legal formality.

Therapeutic prevention, that is, proper treatment of minor mental maladjustments through out-patient clinics, child guidance clinics, habit clinics for preschool children, and marital clinics, may prevent graver disorders.

Constructive prevention is a zone of effort largely educational, and is directed to adults in the effort to prevent their causing mental difficulties in children (indirect approach); and to the children themselves, thereby helping them to prevent or solve their own difficulties (direct approach).

In the case of adults an indispensable part of a practical program for any community is mental hygiene education, emotional and intellectual, for the adults who control the environment of children, through: comprehensive education for professional child workers; general adult education; and pre-parental and parental education.

In the case of children, constructive prevention may be carried on, in addition to adult influence in general, through nursery schools, kindergartens, and other preschool organizations; organization of public school programs so that they center about the child, his capabilities, and his adjustment to life rather than about subject matter; education of grade-school children in the principles of social relationships; and courses on personal mental hygiene in high schools and colleges.

Extensive research in problems of mental health is urgently needed if mental hygiene is to attain its maximum usefulness in every-day life. Another vital need closely akin to research is for the systematization of knowledge relating to mental health problems.

Community Responsibility

The primary responsibility for a practical mental hygiene program ultimately rests upon local communities, which must be properly guided. A vital requisite is a strong state agency for the direction and control of the more general aspects of the work of local agencies.

Moreover, a community must supplement the mental hygiene clinics, etc., which form part of the practical program by organizing itself as a whole in order to insure the carry-

ing out of clinical recommendations, and more especially, in order to provide all types of recreational, cultural, and social opportunities important in the development and organization of personality. The experience of many communities has demonstrated that in the long run nothing is more economical than provision for every side of the child's nature. Mere repression accomplishes nothing. The fact must never be lost sight of that every person—child, adolescent, or adult—is a social personality involved with, reacting to, and influencing a total situation, and that the best remedial and therapeutic and preventive facilities may be rendered useless if the community elements in the total situation make for mental ill-health. No program is or can be practical if it does not form an integral part of a community functioning as a whole.

THE MENTALLY DEFICIENT

The feeble-minded and the intellectually subnormal as well as feeble-mindedness and intellectual subnormality are considered in this report under the generic terms of *mentally deficient* and *mental deficiency*. The Committee has estimated that the level of intelligence of 15 per cent (approximately) of the total population of the United States does not or in all probability will not exceed a mental age of twelve years.

With this criterion as a basis, it is estimated that approximately 13 per cent of the total population are intellectually subnormal or retarded though they nevertheless may be socially adequate; and about 2 per cent are definitely feeble-minded—idiots, and imbeciles who under any circumstances would be socially inadequate, and the morons and borderlines who are socially inadequate. In either case situational factors are an important consideration; they oftentimes add the decisive influence leading to social adequacy or failure.

Much of the practical program hinges upon the hopeful

fact that those of the higher levels of subnormality need not necessarily become socially inadequate.

It is also true, however, that the mentally deficient without training and supervision are potentially greater risks, and that many of these who are thrust into the turmoil of modern life without this much-needed assistance may soon represent social and economic tragedies. Moreover, the burden falls not only on themselves, but on the whole of society.

Surveys of homes for dependent children, county poor farms, and almshouses show that from one-sixth to one-third of the inmates are feeble-minded. Social workers in these fields report one-sixth to one-fourth of their cases in the feeble-minded category; oftentimes their best efforts at the adjustment of these cases are baffled because the people with whom they are trying to deal cannot and should not be cared for outside of institutions.

Mentally deficient persons are frequently involved in anti-social behavior. A proportion of mentally deficient persons appreciably greater than that usually estimated for the general population is to be found among the inmates of penal and correctional institutions. The reasons for this greater proportion are by no means agreed upon; for example, the mentally deficient are more easily led into delinquencies, are more easily caught, and often have inadequate legal defense. The neglected mentally deficient are more likely to be delinquent or criminal than are those of normal intelligence. This is not to minimize the importance of other factors, but merely to point out the appreciable part probably played by mental deficiency.

Hopefulness of Social Control

Even with the present all too limited provision for their care and training, considerable numbers of the mentally deficient manage to get along without serious failure. Under

a more adequate program of social control, many of those who now fail might constitute useful members of the social order, and those for whom failure is inevitable under any circumstances could be recognized and dealt with before they acquire habits of delinquency or become social liabilities in other ways.

There is at present a tendency to overlook community responsibility for the mentally deficient. This leads to neglect of the great majority of these persons. Even if institutionalizing were desirable in all cases, there is space available for only an extremely small proportion. We know, however, that by far the greater number of the mentally deficient do not need institutional treatment, although it is also true that no state has at present adequate provision for those who do need it. Nevertheless, a very large proportion must be cared for in the community. It is quite impossible and inadvisable to segregate in institutions all of the mentally deficient. Better results in many cases can be gained by community care if proper supervision is also given.

A Desirable Program

The following program is divided into three main stages, all of which are indispensable. The first is identification and registration. Identification of all below the normal level is necessary, but in all probability, registration will be practicable only for the definitely feeble-minded. The second stage is training in social self-direction for all those who can benefit from it, as well as segregation for those incapable of social self-direction. The third stage is supervision or other aid as needed for those kept in or returned to the community. Speaking in less specific terms, we have the stages of (A) diagnosis, (B) therapeutic prevention, and (C) supervision.

Diagnosis. The various communities or the state should institute psychological examination of all children now in

and subsequently entering the public schools. Those found to be below eighty-five I. Q. (on the Stanford-Binet scale, which has a mental age of fourteen years as its upper limit) should then be given a thorough examination by competent psychologists, psychiatrists, etc., in order that proper educational, medical, and social measures may be instituted.

Information gathered through the schools should be supplemented by reports from mental and habit clinics, child guidance clinics, mental hospitals and their out-patient departments, juvenile courts, social agencies, etc.

Suitable records assembled from various sources, and uniform for each state, should be filed in a central state registration bureau, in order that complete information may be kept available for authorized agencies, much as in the "confidential exchange." Such identification and registration would eventually be the means of supplying invaluable material for analysis of specific and general problems of mental deficiency.

Therapeutic Prevention. The chief means of therapeutic prevention are: (1) special classes and modified curricula; (2) institutional care and training; and, (3) colonization and parole.

(1) It is to be hoped that before many years the public school, through special classes and other pedagogical provisions, will be so organized to deal with mentally deficient children that it will be the largest and most important single agency in developing them for economic and social usefulness and therefore preventing social failure.

The curriculum should be eminently practical. The emphasis should be manual, although academic work should be given to the limit of the child's capacity. The higher-grade mentally deficient vary widely among themselves, and this fact should be recognized in the organization of classes.

In addition to the strictly special class work, regular classes should not all carry the same curriculum, but should

be differentiated. Manual training should be substituted for certain forms of academic work; in this way such classes could very well receive children who might otherwise be placed in special classes, as well as many other children who do not receive much lasting benefit from the strictly academic subjects.

Visiting teachers, psychiatric social workers cooperating with school mental clinics, etc., are almost indispensable in carrying out the program just discussed.

(2) While special classes will care for the majority of the mentally deficient, certain cases will need the training and supervision possible only within an institution. Such training must be directed toward the development of desirable social behavior. Institutional care and training, because the conditions can very largely be controlled, should set standards for all extra-institutional care.

(3) There should be a continued development of small and carefully located colonies in conjunction with institutions. Under the colony plan, as at present practised, a group of boys or girls who seem capable of freer action than is possible in the central institution receive preparatory training which ultimately makes it possible to assign them to small agricultural, domestic, or industrial colonies under careful supervision. If colony training helps them to succeed to such an extent that they seem likely to be socially adequate they may be paroled. This is usually for a short period that may be extended if they fulfil expectations; doubtful cases should not be discharged, however, if discharge means lapse of supervision.

Supervision of Paroled and Non-institutional Cases. The community and the state have not discharged their obligations merely by training the mentally deficient for return to the community. Competent supervision must be provided, for only by guarding and directing the deficient person throughout his entire life, can the training, in many instances, be made effective.

There should be an extensive program of vocational adjustment and follow-up work for the graduates of special classes, under the control, at least partial, of appropriate state departments. Proper vocational guidance is an extremely important link in any practical system for the adjustment of the mentally deficient.

Further, supervision of home conditions should be given, as well as advice to the parents of the children concerned. Sometimes recourse may be had to the adjustive facilities of the general mental clinic. There is little point in setting up an elaborate program of special classes and occupational placement unless parents or guardians have a real understanding of the child's problems, for otherwise they may destroy habits that have been carefully built up under specialized training. Proper home care is perhaps the most important element in the whole program.

Two Further Points in a Thorough Program

In addition to this minimum program outlined, there are two adjuncts of far-reaching implications. They are: (D) selective prevention of reproduction, and (E) research.

Prevention of Reproduction. It seems fairly evident that mentally deficient persons whose social adequacy is precarious should not run the risk of reproduction. Apart from the possibility of the inheriting of their condition, the added burden of rearing children would jeopardize their success in the community. Moreover, as parents they would be able to provide only a deficient environment, and that handicap should not be visited upon any child whether mentally deficient or not.

Methods frequently proposed and practised for preventing reproduction by such persons may be grouped into: segregation; contraception (birth control); and selective sterilization.*

* There is now little doubt that properly drafted laws permitting sterilization are constitutional, and that the operations necessary (vasectomy and

Research. There should be constant clinical, social and laboratory research into all phases of mental deficiency. Adequate funds should be available for this purpose. Not enough is known, for example, about the respective proportions of primary (largely hereditary) and secondary (largely acquired before, during, or soon after birth) mental deficiency. Perhaps we ought to talk about mental deficiencies, for much that was formerly thought to be due to abnormal germ plasm alone, has recently been shown to be associated with other conditions.

The question whether such associated phenomena are causally connected as well, so that malnutrition, for instance, could be spoken of as a cause of mental deficiency instead of as merely occurring in conjunction with it, is highly controversial at present, and should be more thoroughly investigated.

In view of the vast numerical extent of the problems of mental deficiency, it seems that private foundations should make extensive grants for research in this field. Indeed there is every reason to establish a special independent foundation for such research. In addition, the possibility of securing funds from state sources should not be overlooked.

Further, we do not know enough about the prevention and amelioration of secondary mental deficiency; about all that can now be relied on is the use of thyroid products for

salpingectomy) cause no recognizable alterations in personality and are not attended by appreciable mortality. Hence there are no surgical, legal, or humanitarian obstacles to the extensive practice of selective sterilization.

Segregation is well adapted for those feeble-minded who could under no circumstances be returned to the community, but it is surely unjust to keep trustworthy mentally deficient persons confined for a large part of their lives because of the possibility that they may reproduce their kind. Sterilization is apparently indicated in such cases.

Sterilization should never be performed without the most careful examination of all the circumstances in the case by experts delegated to the task. When adequately safeguarded, little individual or social danger attends the measure, and for the prevention of some of the individually and socially injurious effects of mental deficiency selective sterilization may be regarded as a useful adjunct to any program.

the control of cretinism, and the early medical treatment of childhood syphilis.

Few institutions have adequate funds for research purposes; 10 per cent of what is now allotted to maintenance is the least that should thus be used. This would be a fertile field for private foundations.

Guidance of Community Effort

In a broadly conceived and administered program for the mentally deficient a vital requisite is a strong state agency for the direction and control of the more general aspects of the work of local agencies. While much of the responsibility for administration will necessarily rest with the local welfare and educational officials, the standards should be established by the state. This will enable the local community to be sure of the competence of its clinicians, visiting nurses and teachers, special class teachers, psychological examiners, vocational placement workers, etc. Uniform statistical procedure and standard tests and classifications of the mentally deficient should also be established.

Conclusion

Feeble-mindedness and intellectual subnormality constitute a relatively serious problem, but intelligent action, that is, diagnosis, therapeutic prevention, supervision, prevention of reproduction, and research can do much to render it less serious. The hopeful fact is that a large proportion of mentally subnormal persons can be diverted into channels of social usefulness; they can be made social assets rather than social liabilities. Responsibility rests upon the normal citizen of the community; progress will only be made by facing the facts and acting in the light of the knowledge thus acquired.

Maximum assistance to the mentally subnormal in their struggle to attain social adequacy is not only simple justice to an unfortunate, handicapped group, but is also indispensable to the highest welfare of the American people as a whole.

VOCATIONAL ADJUSTMENT

The feasibility of preparing the physically or mentally handicapped for and placing them in employment has been amply demonstrated. Experience has shown that, generally speaking, commerce and industry can absorb the physically and mentally handicapped at all levels of employability without appreciable interference with the rate of production in the industrial organization, provided these handicapped persons have had adequate preparation and have developed proper attitudes toward their handicap and work, and provided there is a favorable attitude on the part of commerce, industry, and the public.

Proposed Vocational Program

A vocational program for the handicapped requires a high degree of cooperative effort on the part of the medical profession, health and social work agencies, educational authorities, and industry in general. It must be based upon the following principles:

Responsibility for the social and economic adjustment of handicapped children should be placed upon the local community.

The program should be state-wide in its application and the state's participation should be assured to provide leadership, effect coördination of efforts, and point the way toward financing the local programs.

Existing facilities should be used to the fullest extent and new ones created only when a definite need has been demonstrated.

The interests of the child, the employer, and of society in general should be safeguarded.

Research in the problems involved in the successful social and economic adjustment of the handicapped should be encouraged.

A federal agency for the promotion of the program on a nation-wide scale should be designated.

The following points are important in an adequate program:

A central state coördinating agency in each state charged with responsibility of integrating the efforts of all those working with and for the handicapped child.

A program of education which reaffirms the principle that handicapped children are not peculiarly set apart from other children and that their needs are the common needs of all children.

Development of employment opportunities in accordance with the specific abilities of the handicapped.

Protective legislation which will safeguard the interest of both the handicapped and the employer (including special regulations relative to the employment of children and young persons in hazardous occupations, general measures relating to safety, sanitation, etc.).

Research and constructive experimentation by private agencies and by industry regarding the possibilities of utilizing properly the productive capacities of the handicapped.

There should be a federal agency for the promotion of the program which would:

Stimulate the organization of state programs for the social and economic adjustment of all handicapped children.

Integrate the efforts of national and state associations and organizations and individuals interested in the promotion of programs which will aid in the social and economic adjustment of handicapped children.

Conduct general research in the problem of the handicapped, to evaluate methods and procedures used in the educational, vocational, and social adjustment of all types of handicapped children, and to act as a clearing-house for information on a national scale.

Vocational Needs of Handicapped Children

The vocational needs of handicapped children include:

Early discovery and diagnosis which will determine the nature and extent of the handicapped.

Curative and remedial treatment which will enable the handicapped child to function, physically and mentally, as normally as possible.

Social contacts of the handicapped child with both normal and other handicapped persons which will instil in the handicapped child self-confidence, good morale, and a spirit of independence.

A differentiation of educational methods and procedures to provide the special kind of education required by the handicapped child's special needs.

Educational and vocational guidance and training which will discover the handicapped child's general abilities and aptitudes, interpret his vocational significance, and secure for him that type of general education and vocational training through which his vocational objectives may be achieved.

Placement in employment which will afford the handicapped child suitable and remunerative employment opportunities.

Follow-up in employment to continue until the child is reasonably adjusted to his employment and environment.

SOCIALLY HANDICAPPED—DEPENDENCY AND NEGLECT

SECTION IV—COMMITTEE C-I

HOMER FOLKS, *Chairman*

A REVIEW of dependent children in their homes and elsewhere might arouse, at first thought, a feeling of satisfaction that so many forms of relief and care have been developed by so many agencies, and with such large resources. The slightest reflection, however, must result, not in a sense of agreeable satisfaction, but in one of profound regret and disappointment that there are still such tremendous numbers of children needing aid in their homes, and care away from them. In spite of the extraordinary progress in science, in public health, in medical practice, in improved standards of living, in the widespread development of an attitude of greater sympathy with the less fortunate and of a greater sense of solidarity of interest, there is still this enormous annual product of need and dependency among children.

These findings are the keynotes of this Committee's report:

Large numbers of children still suffer, unrelieved, in their own homes, or are separated from their homes, because of poverty.

The social care and treatment of dependent and neglected children either in their own homes or in a foster family or institution

is a most serious matter and should only be undertaken by persons qualified by special training, experience and skill.

Large numbers of needy children, additionally handicapped by considerations of color, national origin, or mass migration, do not share in the provisions made by public and private agencies for dependent children.

Large bequests are tied to outworn methods of child care, while modern progressive methods lack adequate support.

Extraordinary opportunities for prevention of the causes which deprive children of parental care are availed of to only a slight degree.

Invalidism, accidents, irregular employment, unemployment, and insufficient wages leave hundreds of thousands of family homes without that adequate income which is essential to the maintenance of a home suitably equipped for the rearing of the citizens of the future.

The volume of dependency may be considerably reduced by some application of the insurance principle to distribute over larger numbers and much longer periods of time, the present loss in family income from these causes.

The conclusions and recommendations of the White House Conferences of 1909 and 1919 are hereby reaffirmed in all essentials and should be kept continuously in mind.

WHITE HOUSE CONFERENCES AND DEPENDENT CHILDREN

"Home life is the highest and finest product of civilization. It is the great molding force of mind and character. . . . Except in unusual circumstances, the home should not be broken up for reasons of poverty. . . ." This was the most striking declaration of the 1909 White House Conference on Dependent Children. That conference adopted a program, stated in words of common usage, which is in complete accord with the fundamental principles of social work as they are seen after twenty additional years of experience, study, and reflection. In memorable language, the elemental importance and value of the family as the basic institution of society for child care was made clear. The

great task of all those concerned with child welfare, it was pointed out, was to secure, whenever practicable, unbroken care for children within their own families.

The Conference of 1909

The recommendations of the Conference of 1909 were both specific and general, and many of them have profoundly affected the events of the last twenty years. Among its suggestions were:

> That greater provision be made for the assistance of needy children in their own homes; that greater use be made of family care for children who must be removed from their own homes; that child-caring agencies be responsibly organized and be inspected by the state; that dependent children receive better medical care; that a Federal Children's Bureau be established; that an unofficial national organization for the promotion of methods of child care be established; that prevention of child dependency is better than cure; that the causes of child dependency be ascertained and, if possible, controlled; that tuberculosis and other diseases be checked.

The Conference of 1919

A second and somewhat similar nation-wide conference called by the Children's Bureau at the request of the President, met in Washington in 1919, and dealt not only with child dependency, but with a considerably wider field of child welfare. In three sections, it discussed:

> Child labor and education
> Public protection of the health of mothers and children
> Children in need of special care

Under the last heading, it considered, in addition to the topics dealt with in 1909, mental hygiene, juvenile courts, children born out of wedlock, rural social work, and scientific

literature on child care. As to child dependency, this second conference declared that, "The conclusions of the White House Conference of 1909 on the care of dependent children are reaffirmed in all essentials." It laid additional stress on adequate income as a fundamental necessity for the preservation of home life. It suggested that each state reconsider its entire body of child welfare legislation at reasonable intervals by a child welfare committee or commission created for the purpose.

THE NEED OF THE CHILD FOR FAMILY LIFE

Where the essentials of family life exist, even incompletely, every effort should be made to keep the child with his own mother and father. An individual family is not static. Resourceful and understanding social service, together with material aid when necessary, will nearly always enable parents who are in difficulties to increase the richness and stability of their family group, and its beneficent influences upon their children. The need of the dependent child for what his own family can give him is exactly the same in kind as that of any other child, but more urgent perhaps because of experience in hardship.

Today, the principle of the preservation of the home is fully established in the legislation of nearly every state in the Union as a public policy, while some 220,000 needy children are living in their own homes and cared for by their own mothers through the operation of mothers' aid laws. This is a greater change in volume and in method in twenty years than had occurred in the preceding century.

Sickness, mental disturbance, accidents, premature deaths, all play a tremendous rôle in the break-up of families, or in the deterioration of family life. But back of these lie the family income and regular employment furnishing the real test of the medium which the home provides for the nurture and development of children.

One of the ways to insure to a child the kind of home and family life that enriches is to keep the mother in the home. Mothers' aid legislation has become so well established that it no longer needs to be defended.

In 1929, it is estimated that the forty-four states which had mothers' aid laws spent about $30,000,000 keeping, by means of this legislation, an average of some 220,000 children with their mothers. It is difficult to comprehend fully the significance of so great a change. Many thousands of these children, except for this aid, would have been taken from their homes to other types of care. A substantial majority of the mothers would have attempted to support their children under severe strain and poverty. The cost of this is paid for later in inefficiency, ill-health, and personality and behavior problems, which inevitably follow when a widowed mother, without resources, strives to be both bread-winner and home-maker for a family of children.

It may now be said that any state which fails to provide the framework of legislation authorizing mothers' aid will be looked upon by her sister states as backward, and any community which fails to make adequate provision to carry out such legislation will be regarded by her sister communities as backward.

Last year 204 of the leading voluntary family agencies, in the course of the year, gave service or aid, or both, to 380,000 families, with 750,000 children. The 1923 United States Census reported 613 day nurseries, caring for about 23,000 children. There has been little change in these totals. Mothers are rarely able to care properly for three or more children and also work away from home. Thus, great as is the volume of work conducted by the public agencies in this direction, the numbers of families and children cared for by private, voluntary agencies requiring private, voluntary support is even larger.

CHILDREN IN SPECIAL NEED

The Child Born Out of Wedlock. Recent studies have shown that the death rate of children born out of wedlock is approximately three times that of other children. Lack of economic protection and continued personal responsibility makes them victims of frequent transfers from one kind of care to another. Such a child, failing to get continuity of training and affection, often develops the feeling of being unwanted. Many such children come later to social agencies as dependent or delinquent children.

The extent of the problem is indicated by the following figures: The United States Census Bureau for 1928 reported 63,942 illegitimate births for forty-two states. In the birth registration area of 1927, there was one illegitimate birth for every thirty-five of the total population; one in every sixty-one for the total white population. The rate for the total Negro population was higher.

Agencies doing constructive work for unmarried parents and their children recognize that a sensitiveness to the whole human situation of the father, the mother, and the child in relation to their social and physical environment is essential. Social treatment has to be adapted to the individual need and situation. Hasty and ill-considered separation of children from their mothers causes unnecessary hardships.

Illegitimacy is chiefly a problem of youth. The great majority of the mothers are under twenty-five years of age, and approximately half of them are under twenty-one. While a large proportion of the fathers are young men, their ages are somewhat higher than those of the mothers. Our immediate concern is to assist in the modification of conditions which tend to stimulate illegitimacy. Progress will be more rapid if we view it primarily as the result of biological, economic, and other social forces.

Persons with special skill, knowledge, and insight to whom the mother can turn for help in working out plans for the

child and herself are needed in agencies caring for unmarried mothers and their children. Service to them may be further improved through:

The extension, improvement, and enforcement of laws for establishing paternity and for the support of the child by his father.

The provision of good facilities for the placement of children born out of wedlock, and the restriction of such work by unscrupulous, commercialized maternity homes and uninformed persons.

Migration of large numbers of people always creates serious problems of housing, community adjustment, education, recreation, child care and the like. In some areas these problems have not been faced and dealt with by either public or private agencies. Adequate incomes, wholesome living and working conditions, protection of health, and good standards of child care in their own homes and also in foster families and institutions, are as imperative for these special groups as for the general population. These facts, accepted in theory by leaders in health and welfare work generally, are far from being realized in practice, and far from being understood by the general public or, in many instances, by its official representatives.

Negro, Mexican, Porto Rican, and Indian dependent and neglected children present special problems of great importance.

The Negro Child. The Negro constitutes one-tenth of our total population. Widespread migration the past twenty years from rural to city life has added many new complications and also offered many new opportunities. The Negro dependent and neglected child comes out of a background containing these elements. The Negro is America's marginal worker, and more likely to be unemployed than the white worker. The proportion of married women working away from home is five times as high among Negroes as among whites—a very significant fact in relation to child dependency and neglect. The general death rate is 62 per cent

higher for Negroes than that for whites. Rents are higher for Negroes than for whites. In cities there is house crowding to an alarming degree. Negroes are not lacking in desire for normal family life and cultural advantages for their children, but only with great difficulty (under such social and economic limitations) can they attain the prevailing standards in the cities where they live. In spite of all this, the Negro is making great progress. For example, home ownership among Negroes in the North has doubled since 1920.

Resources for social welfare work among Negroes are everywhere inadequate. Mothers' aid grants to Negro families are very limited in numbers and amount. Many agencies caring for needy white children receive no colored children. More adequate provision for the aid of colored children in their own homes by both private and public agencies is needed.

The Mexican Child. There are now from 2,500,000 to 3,500,000 Mexicans living within our borders. They have settled chiefly in the Southwestern states. In California there are 500,000, but many have followed the lines of transportation and are scattered in small groups through Colorado, Illinois, and Minnesota. They work chiefly in low-paid jobs and relatively few better opportunities are open to them.

The Mexicans have large reserves of self-help and cultural values of high quality. The volume of dependency among the Mexican laborers will be measurably reduced as they find more regular employment at higher wages, better housing facilities, improved health protection, and opportunities to participate actively in the general life of the community.

The Porto Rican Child. The serious economic and social conditions now existing in Porto Rico are primarily responsible for the rapid and widespread immigration of Porto Ricans to this country, chiefly to New York City and

vicinity, where there are now 150,000 Porto Ricans, a number increasing each week. Leaving Porto Rico because of extreme poverty, their meager or non-existent resources are quickly exhausted. They are susceptible to disease, and adjustment to the northern climate is to them a severe strain.

Social workers with a knowledge of the language, character, and living conditions in the home lands of the Latin-Americans are an important factor in the programs of case-working agencies giving service to Porto Ricans.

Prevention of child dependency and neglect in this country must, however, reach back to measures that will effect vital economic and social changes in Porto Rico.

The Indian Child. A highly complex child-caring situation is found among the Indians. In a population of 85,000 children of school age, about one-third are in institutions receiving free board, lodging and care, as well as education —commonly spoken of as "boarding schools"—Children in these schools are separated from their parents when very young and remain away for long periods, until they and their parents become virtual strangers to each other.

The care of dependent Indian children is highly complicated by reason of the extreme destitution in Indian families, the bad health conditions, the extremely poor housing, the conflicts between their racial customs and traditions and the customs and demands of a modern civilization in the midst of which they must live.

To what extent and in what manner these children can advantageously be cared for in their own homes; under what circumstances they should be removed to institutions; whether the young children at least should remain at home or should be educated in institutions; and how these children approaching maturity may be adjusted to a stable community life—all are questions whose solution requires the utmost ability, skill, and professional training of social workers.

THE CORRECTION AND PREVENTION OF NEGLECT OF CHILDREN

The more common forms of neglect are failure to provide sufficient food, suitable clothing, proper living conditions, and needed medical and surgical treatment, and exposing children to immorality and immoral associations.

Education in parenthood and the improvement of community standards are the two most promising methods for the prevention of child neglect. When we have intelligent, capable, and willing parents—parents who appreciate the spiritual and the moral, as well as the material values of life, then child neglect will be greatly reduced, if not eliminated. The elimination or improvement of bad community conditions will contribute greatly to the establishment of wholesome standards of family life and the protection of childhood.

In every community there should be available the services of an agency, either public or private, equipped with a personnel fitted by education, training, and experience for the specialized task of child protection, including skill in the utilization of the law for compulsion, discipline or punishment when all other social efforts fail or when justice and public welfare demand.

CARE OF CHILDREN AWAY FROM HOME

About 1,500 institutions and 350 child-placing agencies cared for approximately 250,000 different children during the year 1928, one-third of the children being in foster families. They expended a total of approximately $60,000,000.

Encouraging progress has been made. Many old-time congregate institutions have been rebuilt into cottage groups, and have moved from crowded city streets into the suburbs. Others have altered their large buildings so as to provide

for care of their children in small groups, each group having its own facilities. In many instances, schools within the institutions have been discarded and the children attend neighborhood schools and take part in other forms of community life. Institutional populations have been cut down by expansion of the field of service to include boarding-home care and placement of children in free homes.

Increasing emphasis is being placed on investigation before acceptance for care because of a better understanding of the possibilities of preserving the child's own home and of the necessity of knowing the child's individual needs. This improvement in study of the child and his family will inevitably lead to still greater facilities for keeping children in their own homes and to further changes in the types of foster care provided.

In any community where no child welfare service has been organized, the wisest procedure in planning its development is to begin by making sure, with the aid of a trained social worker, that families in which there are needy children are given such aid as will enable them to care for their children at home, whenever possible, to preserve existing ties. Where the family is unable to provide the necessary care even with aid, the next step is to provide for these children in other family homes, which can readily be done by the payment of board for them. After these two lines of effort have been carried on for a few years, the actual child-caring needs of the community can be more accurately measured and more permanent plans may then be adopted, suited to the continuing needs of the community.

TRANSITION IN FORMS OF CARE

Such data as are available through the Federal Census enumerations at intervals show a decline in the number of children in institutions in relation to the general population of the country since the Census of 1910. This decline coin-

cides with the development of public aid to children in their own homes, through which almost as large a number of children are now receiving aid as the whole number provided for by institutions and agencies. Relatively few new child-caring agencies have been created in recent years in the old centers of population.

The decrease of institutional care may also be ascribed in part to the increasing use of boarding homes and other forms of care in family homes. To this development of broader programs of child care, institutions themselves have contributed greatly.

The whole emphasis on the care of foster children is that where there is a family or the fragment of a family, the child should not be alienated from it, and all foster care should tend to return the child to the family as soon as feasible. The temptation to underestimate inherent resourcefulness and worth of own families must be overcome. The individuality of the child, his traditions, his religion, his race and nationality, his development, have to be carefully considered in choosing the environment in which to place him.

If we are to have readily available any worth-while body of up-to-date knowledge on child dependency in this country, which would throw light on many phases of the problem, some method of securing more complete and uniform reports to some central agency must be established. The Federal Children's Bureau, with and through the state departments of welfare, is the obvious agency for the collection of such information. After many years of trying various methods of dealing with child dependency, after caring for unknown thousands of children, and spending unknown millions of dollars, we now have only a few facts and many guesses as to what has been accomplished or whither we are tending.

Child-caring institutions and agencies are exempt from taxation because they are expected to do work which would

otherwise have to be paid for out of public funds. No community has enough money for all welfare needs.

Gifts and bequests for child care are to be encouraged, but all practicable steps should be taken to bring to the attention of prospective donors the very great importance of leaving the precise methods of the application of such funds to the wisdom of the future, by making the terms of such gifts or bequests general, rather than specific. Corporations engaging in child care, for like reasons, should state their purposes in general and inclusive terms, rather than in narrow and exclusive objectives.

CAUSES OF CHILD DEPENDENCY

Among the major causes of child dependency, as already enumerated, are sickness, mental disturbances, accidents, premature death, irregular employment, unemployment, and insufficient income when employed.

Sickness. An estimate in 1928 of the costs of illness to the people of the United States, including loss of wage during illness (but not including future net earnings lost on account of premature death) gave an average of $31.08 for every person, or $134.88 for each family per annum. This amount would mean, in countless instances, a deficit in what otherwise might be a satisfactory family budget for the year.

The social loss is not susceptible of like measurement, but is obviously very serious. The ill mother, whatever her courage and devotion, cannot provide for her children all that constant watchfulness and unceasing solicitude which tax to its utmost the resourcefulness of the mother whose health is unimpaired.

Mental Disturbances. Based on the latest data available, there were in hospitals for the insane in the United States, 338,251 persons. Almost all of these were adults. The actual age distribution is not available, but tremendous numbers of them are of the age periods at which the men would nor-

mally be supporting families and the women caring for households.

If the mother be sent to a hospital for mental patients, some makeshift must be resorted to. In many cases, the home is broken up temporarily or permanently. If the father is the victim of mental disturbance, the income of the family is abruptly cut off. In many instances the children are sent to the care of others, and long-range planning is impossible. If one could look into the family groups from which this army of more than 300,000 mental patients came, an amazing volume of child dependency and neglect would inevitably be disclosed.

We are just beginning to realize that probably the total volume of responsibility placed upon society by mental disease and defects is about equal to that of all other disease and defects put together, not including those acute situations that lead to institutional care.

Loss through Accidents. The number of persons injured or killed in accidents in this country each year exceeds the total casualties sustained by the American forces during the whole period of the World War. Although the exact number of those injured or killed at work is not known, estimates based on available data place the number at over 2,000,000 each year.

In spite of a declining accident rate in certain industries, there has been in industry as a whole an increase both in the number and severity of accidents, and there has been a tremendous increase in automobile accidents. The present method of dealing with accidents cannot, therefore, be considered satisfactory.

The American accident table shows that for every 100,000 industrial accidents, 762 are fatal, and of those who die, 279 leave 709 dependent children. Consequently, there are over 14,000 children who are orphaned annually by fathers dying from accidents met while engaged in earning a livelihood for their families.

At present, all but four states have some type of workmen's compensation legislation and approximately $150,000,000 is expended annually in awards and medical benefits. However, many thousands of employees are not protected, as these laws do not cover certain occupations. Railway workers engaged in interstate commerce are a notable example. In this occupation there were almost 1,700 deaths from accidents in 1927. Most of the laws exempt agricultural, domestic, and casual employment; twelve states exclude non-hazardous employments; and twenty-three states exempt employers of less than a stipulated number of employees. Occupational diseases are compensable in only a few instances.

The many restrictions and qualifications in the compensation laws have resulted in the injured workers bearing about 50 per cent of the burden of accidents in states having the most favorable legislation, while in the other states their share is from 65 to 80 per cent.

Compensation benefits must in many cases be supplemented by public or private relief. According to the latest reports of four state industrial commissions, over one-half the injured workers earned thirty dollars a week or less. It is apparent that any interruption or reduction of income will work hardship on their dependents.

Besides the industrial accidents and the 31,000 automobile fatalities and 23,000 public accidents, there are 23,000 domestic fatalities, all of which affect the lives of children.

Premature Death. The deaths that disrupt families and create dependency are primarily those between the ages of twenty and fifty. On the last date for which figures are now available, the three largest causes of deaths among women in the entire registration area of the United States between the ages of fifteen and forty-five were the following:

Tuberculosis	122 per 100,000
Childbirth	70 per 100,000
Heart disease, organic	35 per 100,000

Among men from twenty to fifty-five years of age, the four leading causes of death in the United States registration area in 1926 were in the following order:

Death by violence (excluding suicide)
Tuberculosis
Pneumonia
Heart disease

These four causes accounted for considerably more than half the total number of deaths of males of these ages and are, therefore, the chief factors which sent widows to the offices of the mothers' aid officials, and to many other family and child-caring agencies of the country. A study by this Committee revealed that in 9,471 families receiving mothers' aid in 1930, over 71 per cent of the fathers died before reaching the age of forty-five years.

Irregular Employment and Unemployment. Seasonal activities, a failure to adjust supply to changing demands, and an excessive number of workers accustomed to a particular occupation, deprive many thousands of families, most of them in the lower wage groups, where at best the regular wage barely suffices to meet the current needs, of that regular income which is essential to the maintenance of a normal standard of living. In addition, the displacement of labor by the invention of new machinery or the improvement of technical processes produces at all times a substantial amount of unemployment of persons, who, at best, can only gradually find places in other occupations.

In addition to this, business cycles and obscure factors of a social, economic, and political character, create business depressions which cause huge volumes of unemployment for shorter or longer periods.

These various types of irregular employment and indefinite unemployment are a major factor in privation and want among children.

Unemployment bears most heavily on families of fathers

in the lower income levels. They attempt to meet it by exhausting their savings, and the mother and the older children who are taken out of school seek employment. When their earnings are not sufficient, credit becomes exhausted, and the result is a dangerous saving on food, clothing, and fuel. The Children's Bureau study of the effects of unemployment on 366 families in two cities where the fathers had been unemployed in 1921-22 reported that children's earnings supplemented the reduced wages of the father in 20 per cent of the group; the mother's earnings in 32 per cent; 43 per cent used their savings; credit and loans were secured by 90 per cent; and charitable aid by 52 per cent. Communities where charitable aid is available for special unemployment crises cannot wholly prevent its devastating effects on children. It means in many cases removal of children from parental care. In families that manage to keep together, the loss of family morale, discouragement of parents, the extra strain on the mother, have a direct and disastrous result on the welfare of children.

FAMILY INCOME AND THE CHILD'S SECURITY

Economic security or continuous ability to provide adequate food, clothing, housing, leisure for recreation, medical care, and some surplus for temporary incapacity to earn, and for the waning productivity of old age, is a fundamental requisite to wholesome family life. The normal and socially desirable situation is one in which the infant is born into a family in which a mother is continuously present during his period of helplessness to attend to his needs, and where a father is at work and earns enough to provide the necessities of life. Whether a father works, where he works, and what he earns, are factors of the first importance to all who are dependent on him.

We have now reached the point where those interested

in child welfare must advance on a broad program designed to safeguard children through the medium of greater economic protection for their parents, or commit themselves irrevocably to the prospect of receiving endless thousands of children into foster care in the years to come.

The first test of adequate income is the pay envelope measured against the cost of living. Child-caring agencies and institutions are generally not asked to accept into care children of families which for any considerable time have had an appreciable surplus above their necessary living expenses. Experts, as a result of extensive research, are in general agreement that in cities, at this time, an ordinary family cannot maintain a reasonable standard of family life for less than from $1,600 to $1,800 per annum. Douglass * says, "It requires from $1,600 to $1,800 for a family of five to live at a minimum of health and decency in our American cities." Ogburn's *Comfort Budget* of 1918 for New York called for an income of $1,760. The index of the cost of living for New York was practically the same in 1929 as in 1918, and the 1918 figure may be taken without change in 1930.

In a comparison of the wage figures for the industry employing the largest number of workers in each of twelve groups covered by the United States Bureau of Labor Statistics for 1928, one finds only three industries reaching or exceeding a minimum wage level of $1,700 a year. Two industries fall short of the minimum standard by over $800.

Studies of the distribution of income in the United States show that the majority of families in this country are living close to the margin of economic want. The experience of social agencies shows that there is always a group living below this margin. These figures, which are presented only as illustrative material, throw considerable doubt upon the ability of large numbers of male wage-earners to earn

* Paul H. Douglass, University of Chicago, *Real Wages in the United States.*

enough to support a family at current wages even if steadily employed.

There is no certainty, then, that many wage-earners will earn enough to support a normal family even when steadily employed. When the hazards of unemployment, illness, and accident are taken into account, in many cases all hope of their doing so vanishes.

Persons of low income make up practically the entire group coming to social agencies, and consequently, since most of our organized social effort is carried on in cities, such agencies are intimately concerned in the problems of the lower ranges of the wage-earning class. Their problems are of paramount importance, since neither the individual nor his family can control the purely economic features of his environment.

OPPORTUNITIES FOR PREVENTION

A review of the social history of many states and countries suggests that as they become conscious of serious social needs, their social policy expresses itself over a term of years, as a rule in four stages, in this order: (1) neglect; (2) relief; (3) insurance; and (4) prevention.

In the prevention of sickness there are many promising opportunities. The public health movement is of recent origin and obviously is in its early stages. Science frequently adds new and brilliant possibilities. Each step in the development of public health is a step in the prevention of child dependency. Mental disturbance holds out less possibilities of early and effective diminution of its volume.

Accidents offer large possibilities of prevention. In the field of industrial accidents, reliable estimates indicate that from 75 to 98 per cent of accidents could be prevented if known methods of prevention were fully availed of. At present, children deprived of fathers and of the security of a normal home, are bearing a large part of this preventable

burden. The further shifting of the cost to industry, and through it to the community, would result not only in the prevention of child dependency, but since industry would recognize the value to it of safety measures this would tend to bring about a pronounced reduction in accidents.

Premature deaths among women between the ages of fifteen and forty-five are due, in a majority of cases, to tuberculosis, childbirth, and heart disease. The preventability of tuberculosis is the great outstanding fact in the field of public health. Its volume has already been reduced by one-half. There is no reason to doubt that rapid and extended progress may be made in the early future. That the present mortality in connection with childbirth in this country can be tremendously reduced cannot be doubted, since the corresponding rate in most civilized countries has long been much below that of the United States. Even deaths from heart disease, at this period of life, are undoubtedly subject to some degree of control. Two of these three great causes of deaths of mothers offer brilliant possibilities for the diminution of child dependency from orphanage.

Of the four leading causes of deaths of men between twenty and fifty years of age, one, tuberculosis, should be very greatly diminished in the future; another, accidents, should yield to some degree of control. For the other two, pneumonia and heart disease, with our present knowledge, relatively little progress may be expected in the near future.

That the cost of sickness, and of premature deaths which are not preventable or are not actually prevented, and which fall unexpectedly with crushing weight upon individuals and families, should be distributed over larger numbers and over longer periods by some application of the insurance principle, is not open to doubt.

The prevention of irregular employment and of unemployment is a problem of statesmanship in the fields of industry and government of the highest order. The hope that large results may be achieved in this direction will not be

given up. Meantime it is certainly within the range of social statesmanship to distribute over much larger numbers and over longer periods of time, by some application of the insurance principle, the present losses in family income, due to these causes, now falling with devastating effect on individuals and families. The volume of child dependency should be tremendously reduced thereby.

CONCLUSIONS AND RECOMMENDATIONS

The recommendations of the White House Conferences on Dependent Children of 1909 and 1919 are accepted and reaffirmed in all essentials, by this Committee. In so far as they have not yet been realized in practice, they should be kept steadily in mind in the future development of care for dependent children.

The accepted principle that children should not be removed from their homes for reasons of poverty alone should be carried into actual effect. Legislation establishing systems of home relief and of child care should be revised so as to accord with this principle, and should be administered so as to achieve this objective.

Intelligent personnel is needed that children under home care may receive the same material benefits provided children under proper foster care, and may utilize to the full the emotional, spiritual, and social opportunities of home life.

The needs of children born out of wedlock for good care and education are the same as those of other children. These needs should be provided for so far as practical by their parents, with the aid of voluntary or public charity when necessary.

Serious thought and special effort is necessary to adapt child welfare methods and agencies to the unusual needs of the Negro, Mexican, Porto Rican and Indian children, and other children, where there are special problems of race, nationality, or mass migration. The general principles of child care are the same; the practical application involves complicating and difficult adjustments, requiring serious study and consideration.

In every community there should be available the services of an agency, either public or private, equipped with a personnel fitted by education, training, and experience for the specialized task of child protection, including skill in the utilization of the law for compulsion, discipline, or punishment when all other social efforts fail or when justice and public welfare demand. Such an agency should, through its work, seek to discover the causes of child neglect, and then, in cooperation with all other social forces of the community, work for their elimination or prevention, by legislation or otherwise.

The separation of a child from his own family and his care in a foster family or institution is a most serious matter, and should be undertaken only by persons qualified by special training, experience, and skill.

Endowments, gifts, and foundations for child care should be in general and flexible terms, leaving precise methods of care and choice of types of beneficiaries to the discretion of future trustees. Child-caring agencies should express their corporate purposes in general, inclusive, and flexible terms.

The Federal Children's Bureau has been a most effective agency, since its establishment in 1912, in the collection of information as to all aspects of child dependency and in the promotion of better methods of caring for dependent children. It should be enabled to collect more complete information currently, in regard to dependent children, the methods of their care, and the results of such care.

Serious hazards to adequate child care arise from unforeseeable factors such as sickness, accident, premature death, and unemployment. In so far as these misfortunes are not preventable, or are not actually prevented, they should be distributed over larger numbers and over longer periods of time, by some adequate and carefully devised application of the insurance principle.

The causes operating to produce child dependency should receive serious and continuous study with a view to their restriction or control. The avoidance of loss is far better than its subsequent distribution. Sickness, accidents, premature death and unemployment, and an inadequate wage income offer varying degrees of opportunity for effective prevention.

THE SOCIALLY HANDICAPPED—DELINQUENCY

SECTION IV—COMMITTEE C-2

JUDGE FREDERICK P. CABOT, *Chairman*

DELINQUENT acts are but a symptom of deeper stresses and difficulties and it is as futile to make these acts the center of interest as it would be to treat primarily what is merely the symptom in any physical disorder. We cannot understand the deeper trouble and arrive at a sound method of dealing with it unless we understand the child himself. We must know why the delinquency happened. Much of our present mode of handling these problems is but the endless, monotonous task of sweeping up the debris of life.

The greatest hope for prevention of delinquency lies in the example set to the child by the adults with whom he associates, through habits of regularity, honesty, sincerity, and courage.

Though delinquency is a favorite topic for propagandists, the fact remains that we do not know today the extent of delinquency in this country, the measure of its seriousness, or, indeed, whether its menace is appreciably increasing or decreasing. This much it seems fair to say: that each year about 200,000 different children are handled as delinquents by our juvenile courts; that this is but a fraction of all apprehended delinquency, much of which is handled by the police;

and, that apparently there has been no such diminution of the problem as all our efforts at amelioration would seem to have justified.

In the year 1928, in the area for which statistics are available, almost 1 per cent of the children of juvenile court age came before the courts as delinquents.

We are arrested by the problem today, not solely because of its size, but because we realize that in the study of the problems of the delinquent we have the study of life. There is a growing recognition of the fact that the "problem child" has now become the "problems of the child."

VIRTUES OF OLDER METHODS OF CONTROL

There were three aspects of the plan of life among our ancestors which tended to control delinquency:

> The rigid inculcation in the child in the earliest years of habits of regularity, honesty, sincerity and courage.
>
> A feeling that it was incumbent upon parents, guardians, and their vicars to provide an adequate amount of wholesome mental pabulum for the child; to surround him with positive, salutary interests so that his ideation, his mental life, could have these as its "raw material."
>
> A sober realization on the part of the community's adult membership that it could ask of its children nothing beyond what challenging vision it gave through its own habits of regularity, honesty, sincerity and courage, beyond what example it set in its own life of the acceptance of the responsibilities and privileges of living with others.

In comparison with modern results was this program of avail? This cannot be answered. Of the real extent of human sorrow and inability to live in happiness with the group we do not know. Nor do we know what it would have meant in this earlier period to have had all of the complicating "mechanical" problems—problems of speed, problems of the multiplying through machinery of man's potentiality without

material biological change, of the automatization and regimentation of all those "vigors" of life which seem so bitterly to resent just this. Affirming our confidence in these "older" methods we yet must admit that new conditions have developed, that the guardians of children have not adequately met their obligations, and that an added approach to the problem has become necessary.

The principal objective of the Committee has been to crystallize out of experience a certain mode of approach, a general philosophy on which the attack for the future might be based.

FUNDAMENTAL NEEDS OF THE CHILD

The child in becoming a new individual, entering the ever-widening social milieu to which he must conform his own needs and life, may accept the mold that is about him—in other words, become one of the group like all others, the "model child," or he may fail to adjust to the prerogatives and needs of the group and become an individualist, a neurotic, or a delinquent. Occasionally the individualist's eccentricity has in it such fire of power and interest that we acclaim him the leader. At all events, he is lonely, the unusual, and little understood.

There are two fundamental needs common to all children, so fundamental that they could be stated as basic: the need for security, and the need for development.

These needs extend also to the family, to the community, and to society at large, however it is organized. Delinquency is one of the natural consequences of the conflict between these needs of the child and of the group.

It is in the family that the child gets his sense of security, of being loved and understood. Family unity and integrity are necessary—the presence and mode of living of both parents are to the child the keenest and most certain symbols of these. "Behavior is caught, not taught."

The so-called "broken home" appears in something like

one-third of all of the delinquency cases which come before the juvenile court. Poverty and economic stress are of the gravest importance in apprehended delinquency. Beyond depriving the child of essential physical necessities there is the deeper, more lasting and more important hardening effect of constant financial strain.

Families are the training schools in which the child learns how to live with others. Families carry on the real continuity of the common heritage. They are the conservers of the past and therefore essentially conservative. The child is the builder of the future. Therefore, between the child and the family there will always be conflict. As a matter of personal interplay there is of necessity the setting-off of one point of view against the other—the knowledge of the pitfalls as opposed to the courageous interest in finding them, the disappointment of error and omission as opposed to the fresh desire to live one's life as it now points rather than as adult years point.

THE CHILD IN RELATION TO STATE AND MUNICIPALITY

The state, as surely as the child, has a basic need for security and development. Security is maintained, for instance, through the preservation of order and public health, and the conservation and expression of those traditions that have ministered to racial and social progress. The developmental needs exist in the responsibility of each generation to equip the coming generation for more effective living. Legally constituted authority has definitely tended to care more assiduously for the satisfaction of the security than of the developmental needs.

The state symbolizes the solidarity of groups, but this very consummation of solidarity emphasizes and throws into relief the eccentric, the individual, and the delinquent. There are always those individuals who express the centrifugal tendencies.

For dealing with delinquency the state erected a number of agencies:

> The police and other peace officers, primarily to insure the immediate protection of the child and the general public, and depended upon for the determination of the fact of conflict between children and organized society.
>
> The courts, primarily tribunals to determine the damage done, the guilt involved, and proper punishment.
>
> Institutions, for the detention of those believed to be too dangerous to remain in society and for the punishment of less serious offenders.

Unfortunately even today the police for the most part are dealing with children substantially as they deal with adults, exemplifying force rather than understanding. The juvenile court, established with the objective of treating the child rather than the offense, is still in most communities greatly influenced by traditional concepts of the criminal law, and is largely an agency of discipline for the sake of the group, rather than of scientific study and treatment for the sake of the child and the group. Our institutions are largely burdened, even today, with children who are sent there as a method of punishment or because they cannot be safely adjusted in society, with little attempt having been made to help them in their difficult readjustment in community life.

SUGGESTIONS FOR NEW APPROACHES

As the state the more realizes that its duty is toward the health and well-being of the coming generation, certain changes will take place.

The policeman on the beat sees the origin of the corner gang—good or bad. Here lies his real field—a task of influencing those early individual and community forces before critical delinquent situations have arisen. It is a positive, rather than a restrictive piece of work.

The juvenile court should provide for those children who come before it the most complete study and expert rehabilitation. For such service is needed the widest range of expert help. Juvenile courts are not availing themselves of their chancery powers given by the state for the benefit of all, unless the treatment they prescribe is determined by an understanding of the child's full nature and all those factors which enter into delinquency.

The probation officer, as the administrator of the court's directions, can fulfill this function only as he is more and more the teacher, closely tied to the educator and the social engineer in their great task of community education.

The institution should be adapted to the particular needs of children who belong there, and can fulfil its function only as it conserves, strengthens, and develops each child in his social relationships.

The knowledge of the pathways of the maladjusted is lifeless if it cannot light the road for the myriad of others not before the court.

THE CHILD AND THE SCHOOL

The school stands as a representative of society in relation to the child. Since an important part of the process of growing up is to learn how to adjust to society, the school undertakes to furnish appropriate environment in which this adjustment can be learned.

It represents accumulated wisdom which transcends the experience of the individual and which the school as the representative of society makes available to the child.

Matters of compulsory attendance, school failure, and the hazards involved in truancy are merely surface phenomena which challenge us to consider why children must go to school and whether the school is meeting the needs of the child. This is the method of diagnosis, and without sugges-

tions for cure it is arid. But we have attempted so much cure without diagnosis.

There has been growing realization that the school is quite as responsible for formation as for information.

As the schools have been changing their emphasis from the thing taught to the person taught, so they realize that the person taught cannot be isolated from all those factors in his family, his neighborhood, and the burdens involved in the earning life of himself and his family which go to make up his individuality.

The school in touching the life of the child at many more points is assuming a responsibility which once rested in the home and elsewhere. But the social fabric will be weakened if this movement removes responsibilities rather than educates to them.

The child taught is a twenty-four-hour and 365-day child —and the schools inevitably will deal with him as such, as a logical sequence of their present recognition of the importance of how children learn rather than what children learn.

The child is individual, the school social—between these there will always be stress, maladjustment, and delinquency. Yet those conflicts will tend to disappear as the teacher less and less interests herelf in what the child did, and more and more in why he did it.

THE CHILD AND THE CHURCH

In the growth needs of the child lies basically the need of accepting himself as being in harmonious relation to an ordered universe and to an ultimate destiny. For many children these needs are answered through the adults who immediately surround them. Yet it has been the church which has through the ages ministered to these cravings. Through its assurance of a Supreme Power, in one manner or another,

the security cravings of individuals have been satisfied. It has preserved beauty and vision and sanctioned defined rules of conduct.

Our present situation impels important considerations. The dazzling power of man-made machinery easily lulls the child into feeling that here lies security. Far from offering new spiritual values for old, the trend of our age has been to replace these values with the apparently omnipotent lure of the machine. We live in an age of challenge. Quite without any sense of varying values in what is old and stable, we have largely habituated ourselves and our children to question the validity of all that is traditional. Our heritage of the tried rules of living together, of beauty and of strength, has been seriously threatened in the sudden acclaim that only that has worth that is new. We feel confident in the view that this period of change engenders factors of stress that are of outstanding importance in the incidence of delinquency.

There are two connotations of the deepest significance:

> The church must develop some further consonance between the application of its teachings and the age in which we live. Assuredly the problem of maladjustment will continue to stagger us unless this consonance appears in some clearer form.
>
> The child can be educated to those sacrifices that are inevitable in meeting the duties and responsibilities of living with others only when he has been given in some way the sense of accepting himself as being in harmonious relation to all that is about him. He who guides must remember the child's basic security and growth needs in their widest meaning and must discover to what extent the church tie of the delinquent is fulfilling these needs.

THE CHILD AND INDUSTRY

Whether indirectly through his parents or directly in answer to his physical needs or emotional drives, industry insistently presses upon the child in every moment of his

life. Security to industry must largely be measured in financial terms—in profit. There must not be waste—each by-product is to be turned to account. This self-interest on the part of industry often means profit at the cost of human waste.

There is, too, something grotesque in the theory that a high standard of living can be solidly built upon a culture in which the employee ever the more automatically earns in part of the day that he may ever the more feverishly seek emotional satisfaction in another part of the day.

One of the pervasive elements in the background of our present problem of delinquency is this difficulty that the young person has in finding real satisfaction in his actual earning life.

In brief, the factors seem chiefly to be: the actual physical strains and hazards and moral dangers involved; the factor of inadequate training; the job's failure itself to give adequate emotional satisfaction; and, industry's part in the crumbling of traditional structures.

Mass production has tended to individual specialization; "big business" to individual stratification; labor-saving devices to individual automatization. Employers testify to present-day lack of loyalty, irresponsibility, time-clock hyperesthesia—apparently without realizing that increased mechanization is squeezing the job itself singularly dry of those challenges which the employee seeks. As long as the youth's needs for security and development are not met in the job itself, just so long will he ever more vigorously seek emotional satisfaction in the few free hours of the day left him, or drift from one job to another, many joining the ranks of those who live by lawlessness. This is maladjustment.

In the prevention of delinquency, no problem has more of interest than the reintroduction of adequate emotional satisfaction into the actual earning life; in the cure of the delinquent nothing is of more moment than that, when he

comes to earn, his job, in itself, shall interest and challenge him.

THE CHILD AND THE COMMUNITY

Apartment life and its consequences, the restriction of the physical arena of family life, the easy access of outside influences through the news, the automobile, and the radio—perhaps never before have community influences had a larger part in the life of the individual. The immense commercialization of recreation, the national organization of character-building agencies, the syndication of news and opinion—perhaps never before have community influences been so utterly beyond the control of the individual.

The school plant is used for more and more wide-flung community activities. That is economic and just, with the danger that the power and solidarity of the school will lead it to dominate the neighborhood group rather than to conserve distinctive values inherent in it.

Among the organized recreational movements such as the Boy and Girl Scouts and the Camp Fire Girls, again are the problems of standardization. One of the natural by-products of a common ritual and symbolization (so necessary for most of us!) is an increasing number of misfits. These organizations are performing an outstanding service in providing healthy outlets for children. With some notable exceptions they have not comprised the delinquent or his problem.

There are the extensive organizations of the various commercialized forms of recreation tending more and more to provide for us what we earlier had to provide for ourselves. One stands aghast at the passivity of much of modern recreation.

For these ventures, profit rather than social health must be chiefly the goal, and the organization has largely lost its local flavor—the body and spirit of the neighborhood association.

In considering the various community and group influences

which affect the child and the ever increasing movement to set his life in order, we rather lose sight of his need and inherent right to waste a fair part of his time.

The press rather largely claims that it gives to the people what they want. It seems a bit incongruous that any sizable group of parents could desire for their children the amount of space and importance that is thus given to the criminal element of the country. Undoubtedly, this news is thoroughly protected with adequate and well-expressed condemnations, but space and headlines mean more to the child —infamy and fame are not, to him, distinguished by mere words no matter how finely turned. A nation that has conquered great material difficulties and harnessed its physical powers must have some more effective means of combatting the cynicism of its youth—the cynicism born of widely flaunted dishonesty of those in high places, insincerity of leadership, and gaudy pageantry of crime.

We have been termed the most lawless nation in the world. This is not merely that we have so many laws that any one enactment loses sanctity. This is not merely that the administration of criminal law has failed to keep pace with our urbanization. This is not merely that we feel that individual rights stand above the law. Deeper than all this lies a form of lawlessness that pervades our whole people, that infects our children—the tragic result of our unlimited natural resources, the facility of their wealth and the apparent omnipotence of our machinery—the heritage in our generation of the vicious belief that somehow more can be gotten out of life than one puts into it. This truly in its deepest and most devastating sense is a belief in lawlessness.

CONCLUSIONS

We see with awe the tremendous forces in the development of our great cultural patterns. That a technique for their guidance

awaits development is perhaps today the most intriguing of the challenges that face the social engineer.

RESPONSIBILITY OF GUARDIANS

The guardians of the child have a duty to develop in him regular and correct habits of living.

The guardians of the child have a duty to provide some such richness of wholesome ideas and interests as can answer his ideational needs. Nor is it sufficient to use casual amounts of constructive and healthy material as coloring matter for the great masses of sensationalism and artificial stimulation to which the child is subjected.

The guardians of the child have the duty to present in their own lives such patterns of honesty, sincerity, and courage as shall challenge the child's emulation. In an age when mechanical devices bring distant wonders, and the spread of wealth provides ease and comfort beyond our wildest dreams, it is of the gravest importance that all adults realize that by no such trickery is the matter of wholesome life produced. It is only in the example of sincere living that the child finds the dynamic impulse for his own wholesome development.

PRINCIPLES OF TREATMENT

The treatment of delinquency involves understanding of the individual child and recognition of the fact that the adults who surround him weave into him the drives of their own lives, which in their turn must be understood.

It is only in the example of sincere living that the child finds the dynamic impulse for the development of his own life standards. The treatment of the child's difficulties requires the cooperation of all who know him in a program which recognizes his fundamental needs and the necessity for meeting them.

No child should be sent to an institution for delinquents merely because no other solution seems to be available.

FUNDAMENTAL ORGANIZATION

There must be in every community an agency equipped to deal with the child on the basis of these principles.

The personnel of this agency must have definite qualifications for the understanding and treatment of behavior problems of children.

There must exist a state-wide service which can stimulate and develop local understanding of juvenile delinquency and provision for dealing with it. The state must also provide such specialized services as are beyond the scope of local organizations.

The services of the Federal Government are essential in affording thorough fact finding, research, and education, the basis for nation-wide development of such a program.

COMMITTEES
AND
COMMITTEE CHAIRMEN

COMMITTEES AND COMMITTEE CHAIRMEN

SECTION I

MEDICAL SERVICE

SAMUEL MCC. HAMILL, M.D., *Chairman*

A. GROWTH AND DEVELOPMENT

Chairman, Kenneth D. Blackfan, M.D.

Vice-Chairman, Harold C. Stuart, M.D.

(This committee functioned through individuals and small groups, and submitted no names of sub-committee chairmen for publication.)

B. PRENATAL AND MATERNAL CARE

Chairman, Fred L. Adair, M.D.

Vice-Chairman, Rudolph W. Holmes, M.D.

OBSTETRIC TEACHING AND EDUCATION	*Fred L. Adair, M.D.*
EDUCATION OF	
a. Physicians—*Undergraduate*	*Palmer Findley, M.D.*
" —*Graduate*	*Rudolph W. Holmes, M.D.*
b. Nurses	*George W. Kosmak, M.D.*
c. Midwives	*James R. McCord, M.D.*
d. Laity and Social Workers	*Robert L. DeNormandie, M.D.*
MATERNAL AND EARLY INFANT CARE	*John Osborn Polak, M.D.*
INTERESTED ORGANIZATIONS	*Robert D. Mussey, M.D.*

FACTORS AND CAUSES OF FETAL, NEWLY BORN, AND MATERNAL MORBIDITY AND MORTALITY	*Hugo Ehrenfest, M.D.*
BASIC SCIENCES AND MATERNAL AND FETAL PROBLEMS	*Leslie B. Arey, Ph.D.*

C. MEDICAL CARE FOR CHILDREN

Chairman, Philip Van Ingen, M.D.

Secretary, LeRoy A. Wilkes, M.D.

PEDIATRIC EDUCATION	*Borden S. Veeder, M.D.*
PRIVATE PRACTICE	*Isaac A. Abt, M.D.*
HOSPITALS AND DISPENSARIES	*Clifford G. Grulee, M.D.*
CONVALESCENCE	*A. V. S. Lambert, M.D.*
HEALTH CENTERS	*J. H. Mason Knox, Jr., M.D.*
	Vice-Chairman, *Mrs. Berthold Straus*
PSYCHIATRY AND PSYCHOLOGY	*Bronson Crothers, M.D.*
ORTHOPEDICS AND BODY MECHANICS	*Robert B. Osgood, M.D.*
DENTISTRY AND ORAL HYGIENE	*Percy R. Howe, D.D.S., D.Sc.*
NURSING	*Stella Goostray, R.N.*
MEDICAL SOCIAL SERVICE	*Ida M. Cannon, R.N.*
NUTRITIONISTS	*Lucy H. Gillett*
HEALTH PROMOTING AGENCIES	*William DeKleine, M.D.*
VITAL STATISTICS	*George T. Palmer, Dr. P. H.*

SECTION II

PUBLIC HEALTH SERVICE AND ADMINISTRATION

HUGH S. CUMMING, M.D., *Chairman*

A. PUBLIC HEALTH SERVICE AND ORGANIZATION

Chairman, E. L. Bishop, M.D.

Secretary, J. W. Mountin, M.D.

FEDERAL HEALTH ORGANIZATION	*Haven Emerson, M.D.*
STATE HEALTH ORGANIZATION	*John A. Ferrell, M.D.*
CITY HEALTH ORGANIZATION	*Henry F. Vaughan, Dr. P. H.*
RURAL HEALTH ORGANIZATION	*Allen W. Freeman, M.D.*
RELATION OF OFFICIAL AND NON-OFFICIAL AGENCIES IN PUBLIC HEALTH ORGANIZATION	*C. E. A. Winslow, Dr. P. H.*
TRAINING OF PERSONNEL	*W. S. Leathers, M.D.*
ADMINISTRATION OF CHILD HEALTH WORK AS A PART OF THE OFFICIAL HEALTH PROGRAM	*Anna E. Rude, M.D.*
PRACTITIONERS OF MEDICINE AND DENTISTRY IN RELATION TO HEALTH PROGRAMS	*David Chester Brown, M.D.*
HEALTH ASPECTS OF FOOD CONTROL	*W. S. Frisbie*

B. COMMUNICABLE DISEASE CONTROL

Chairman, George H. Bigelow, M.D.

Research Assistant, James Wallace, M.D.

(This committee functioned as a whole and is without subcommittee divisions.)

C. MILK PRODUCTION AND CONTROL

Chairman, H. A. Whittaker

COMMUNICABLE DISEASE	*S. J. Crumbine, M.D.*
PUBLIC HEALTH CONTROL	*Leslie C. Frank*
NUTRITIONAL ASPECTS	*E. V. McCollum, Ph.D.*
ECONOMIC ASPECTS	*O. E. Reed*

SECTION III

EDUCATION AND TRAINING

F. J. KELLY, PH.D., *Chairman*

A. THE FAMILY AND PARENT EDUCATION

Chairman, Louise Stanley, Ph.D.

Research Assistant, Judith Clark

THE FUNCTION OF HOME ACTIVITIES IN THE EDUCATION OF THE CHILD	*Ernest W. Burgess, Ph.D.*
HOME MANAGEMENT AND EQUIPMENT	*Martha Van Rensselaer, D. of Ped.*
THE FAMILY AND ITS RELATIONSHIPS	*Ernest R. Groves, Ph.D.*
PARENTAL EDUCATION	*Sidonie M. Gruenberg*
PRE-PARENTAL EDUCATION	*Anna E. Richardson, Ph.D.**

B. THE INFANT AND PRESCHOOL CHILD

Chairman, John E. Anderson, Ph.D.

(This committee functioned as a whole, and is without subcommittee divisions.)

C. THE SCHOOL CHILD

Chairman, Thomas D. Wood, M.D.

Technical Assistant, Dorothy LaSalle

W. H. Burnham, Ph.D.
William John Cooper, Ph.D.
Norman R. Crozier
C. H. Fisher, Ph.D.
Charles H. Judd, Ph.D.
Joy Elmer Morgan
E. Ruth Pyrtle
Anna E. Richardson, Ph.D.*
Anne Rindt
John Sundwall, M.D., Ph.D.
Willis A. Sutton
Fannie C. Williams

HEALTH PROBLEMS IN THE KINDERGARTEN	*Julia Wade Abbot*
THE PROFESSIONAL EDUCATION OF TEACHERS AND LEADERS	*William C. Bagley, Ph.D.*

* Deceased.

HEALTH EDUCATION IN SECONDARY SCHOOLS *Edna Bailey, Ph.D.*
PAROCHIAL SCHOOLS *John M. Cooper, Ph.D.*
HEALTH PROBLEMS IN THE SCHOOLS OF HAWAII *Will C. Crawford*
THE SCHOOL PLANT, ITS CONSTRUCTION, MAINTENANCE, EQUIPMENT, AND SANITATION *N. L. Engelhardt, Ph.D.*
SCHOOL HEALTH SURVEYS *E. S. Evenden, Ph.D.*
INDIAN SCHOOLS *Edna Groves*
RURAL SCHOOLS *Florence Hale*
SUMMER VACATION ACTIVITIES OF THE SCHOOL CHILD *William H. Kilpatrick, Ph.D.*
MEDICAL SERVICE IN SCHOOLS *Fred Moore, M.D.*
NEGRO SCHOOLS *N. C. Newbold*
HEALTH PROBLEMS IN THE SCHOOLS OF PORTO RICO *José Padin, Ph.D.*
HEALTH PROBLEMS IN THE SCHOOLS OF THE PHILIPPINE ISLANDS *Clotilde Patton*
COOPERATION OF HOME WITH SCHOOL *Mrs. A. H. Reeve*
NUTRITION SERVICE IN SCHOOLS *Lydia J. Roberts, Ph.D.*
SCHOOL HEALTH LEGISLATION *James F. Rogers, M.D., Dr. P.H.*
NURSING SERVICE IN SCHOOLS *Elma Rood*
PHYSICAL EDUCATION IN SCHOOLS *J. R. Sharman, Ph.D.*
SOCIAL HYGIENE IN SCHOOLS *William F. Snow, M.D.*
PRIVATE SCHOOLS *Morton Snyder*
ADMINISTRATION OF SCHOOL HEALTH WORK *A. J. Stoddard*
MENTAL HYGIENE IN SCHOOLS *Percival M. Symonds, Ph.D.*
HEALTH PROBLEMS IN THE SCHOOLS OF ALASKA *Jonathan H. Wagner*
SAFETY EDUCATION IN SCHOOLS *Albert W. Whitney*
HEALTH EDUCATION IN ELEMENTARY SCHOOLS *Anne Whitney*
THE MIGRANT SCHOOL CHILD *Charles F. Willis*
DENTAL HYGIENE IN SCHOOLS *Harris R. C. Wilson, D.D.S.*

D. VOCATIONAL GUIDANCE AND CHILD LABOR

Chairman, Anne S. Davis

VOCATIONAL GUIDANCE *Edith Campbell*
Organizing the School System for Guidance, Study of the Individual; Counseling; Curriculum Guidance *Edith Campbell*
Individualized Opportunities for Training *Edwin A. Lee, Ph.D.*
Occupational Studies and Placement *Mary Holmes Stevens Hayes, Ph.D.*
Special Problems *W. Carson Ryan, Jr., Ph.D.*
CHILD LABOR *Ellen Nathalie Matthews*
The Child Laborer in Non-agricultural Occupations *Julia C. Lathrop*

The Child Laborer in Agriculture
Samuel McCune Lindsay, Ph.D., LL.D.

Hazardous Occupations, Industrial Accidents, and Workmen's Compensation for Injured Minors — *Fred M. Wilcox*

General Problems of Administration of Laws Affecting Child Labor — *Frances Perkins*

Standards of Wages for Juvenile Employment — *Amy G. Maher*

E. RECREATION AND PHYSICAL EDUCATION

Chairman, Henry Breckinridge, LL.D.

Research Assistant, William Galvin

RECREATION AND PHYSICAL EDUCATION FOR PRESCHOOL AGES
Mrs. A. H. Reeve

RECREATION AND PHYSICAL EDUCATION IN ELEMENTARY SCHOOLS
Florence Somers

RECREATION AND PHYSICAL EDUCATION IN SECONDARY SCHOOLS
F. W. Maroney, M.D.

RECREATION AND PHYSICAL EDUCATION OUTSIDE OF SCHOOL — *George E. Dickie*
(*Weaver Pangborn—Acting Chairman*)

LEADERSHIP TRAINING — *James H. McCurdy, M.D.*

LEGISLATION — *Henry Breckinridge, LL.D.*

F. SPECIAL CLASSES

Chairman, Charles S. Berry, Ph.D.

THE MENTALLY RETARDED — *Meta L. Anderson, Ph.D.*

BEHAVIOR PROBLEMS — *Harry J. Baker, Ph.D.*

THE TRAINING OF TEACHERS — *Charles M. Elliott*

THE GIFTED — *Henry H. Goddard, Ph.D.*

THE BLIND AND PARTIALLY SEEING — *Mrs. Winifred Hathaway*

THE CRIPPLED — *Jane A. Neil*

THE DEAF AND HARD OF HEARING — *Mrs. James F. Norris*

THE CASES OF LOWERED VITALITY — *Adela J. Smith, M.D.*

THE DEFECTIVE IN SPEECH — *Robert West, Ph.D.*

ORGANIZATION, ADMINISTRATION, AND SUPERVISION — *Lewis A. Wilson, D.Sc.*

G. YOUTH OUTSIDE OF HOME AND SCHOOL

Chairman, James E. West

Research Director, H. W. Hurt, Ph.D.

THE CHURCHES	*John H. Finley, LL.D.*
GIRL AGENCIES	*Mrs. Jane D. Rippin*
BOYS' WORK	*William L. Butcher*
NEIGHBORHOOD AGENCIES	*Albert J. Kennedy*
PLAY—SAFETY	*H. S. Braucher*
MOTION PICTURES AND THEATERS	*Lee F. Hanmer*
COMMERCIAL AMUSEMENTS	*Mrs. Henry Moskowitz*
RADIO	*Daniel A. Poling, D.D.*
READING	*Carl H. Milam*
CAMPING	*Elbert K. Fretwell, Ph.D.*
COMMUNITY ENVIRONMENT	*Clarence A. Perry*
YOUTH IN INDUSTRY	*C. C. Robinson*
RURAL LIFE	*C. B. Smith, D.Sc.*
INSTITUTIONS	*Leon C. Faulkner*

SECTION IV

THE HANDICAPPED: PREVENTION; MAINTENANCE; PROTECTION

C. C. CARSTENS, PH.D., *Chairman*
EMMA O. LUNDBERG, *Research Secretary*

A. STATE AND LOCAL ORGANIZATIONS FOR THE HANDICAPPED

Chairman, Kate Burr Johnson
Research Secretary, Mary S. Labaree

STATE DEPARTMENTS DEALING WITH THE HANDICAPPED	*Sophonisba P. Breckinridge, Ph.D.*
Form and Equipment	*Agnes K. Hanna*
State Supervision of Institutions and Agencies	*James H. Foster*
Inter-State Problems	*Mrs. A. M. Tunstall*
Direct Care	*Richard K. Conant*
Educational Publicity for Promoting Social Work Programs	*Mrs. S. H. Bing*
NATIONAL PRIVATE AGENCIES	*Walter M. Pettit*
PRIVATE AGENCIES, THEIR RELATIONSHIP TO PUBLIC AGENCIES, AND THEIR TRENDS	*Wilfred S. Reynolds*
FEDERAL GOVERNMENT AND CHILD WELFARE	*William Hodson*
ADMINISTRATION OF LOCAL PUBLIC UNITS OF CHILD CARE AND PROTECTION	*H. Ida Curry*

B. PHYSICALLY AND MENTALLY HANDICAPPED

Chairman, William J. Ellis, LL.D.
Research Secretary, Emil Frankel

THE DEAF AND HARD OF HEARING	*Josephine B. Timberlake*
THE BLIND AND THE VISUALLY HANDICAPPED	*Robert Irwin, Ph.D.*
THE CRIPPLED	*Harry H. Howett*
INTERNAL CONDITIONS	*LeRoy Wilkes, M.D.*
PROBLEMS OF MENTAL HEALTH	*Lawson G. Lowrey, M.D.*
PROBLEMS OF MENTAL DEFICIENCY	*E. R. Johnstone*

C—1. SOCIALLY HANDICAPPED—DEPENDENCY AND NEGLECT

Chairman, Homer Folks

Vice-Chairman, J. Prentice Murphy

Research Secretary, Rose J. McHugh

DEPENDENT CHILDREN AT HOME	*Solomon Lowenstein*
The Dependent Child and the Family	*Frances Taussig*
Mothers' Aid	*Mary F. Bogue*
CHILDREN BORN OUT OF WEDLOCK	*Matty L. Beattie*
CHILD DEPENDENCY AS AFFECTED BY RACE, NATIONALITY, OR MIGRATION	
The Negro Child	*Eugene Kinckle Jones, LL.D.*
The Mexican Immigrant Child	*Rev. Robert E. Lucey*
The Porto Rican Child	*Rev. Bryan J. McEntegart*
The Indian Child	*W. Carson Ryan, Jr., Ph.D.*
THE CORRECTION AND PREVENTION OF NEGLECT OF CHILDREN	*Theodore A. Lothrop*
CARE OF DEPENDENT CHILDREN AWAY FROM HOME	*J. Prentice Murphy*
Importance of Liberal Terms for Child-caring Endowments	*John S. Bradway*

C—2. SOCIALLY HANDICAPPED—DELINQUENCY

Chairman, Frederick P. Cabot

Research Secretary, Katharine F. Lenroot

Assistant Research Secretary, Elizabeth Cosgrove

THE CHILD HIMSELF	*William Healey, M.D.*
THE CHILD IN RELATION TO THE FAMILY	*Almena Dawley*
THE CHILD IN RELATION TO THE SCHOOL	*Elizabeth Lindley Woods, Ph.D.*
THE CHILD IN RELATION TO THE STATE AND MUNICIPALITY	*Calvin Derrick*
THE CHILD IN RELATION TO INDUSTRY	*James S. Plant, M.D.*
THE CHILD IN RELATION TO COMMUNITY AGENCIES, GROUPS, AND INFLUENCES	*Jessie F. Binford*
THE CHILD IN RELATION TO THE CHURCH	*Louise McGuire, M.D.*